

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## **COMPLAINT INVESTIGATION REPORT**

**Facility Number:** 073400647

**Report Date:** 07/25/2016

**Date Signed** 07/25/2016 03:52:30 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/18/2016** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20160718112109
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<b>FACILITY NAME:</b> FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b> 073400647
<b>ADMINISTRATOR:</b> LINA ARABSHAHI	<b>FACILITY TYPE:</b> 830
<b>ADDRESS:</b> 3201 STANLEY BOULEVARD	<b>TELEPHONE:</b> (925) 933-6283
<b>CITY:</b> LAFAYETTE	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b> 32	<b>DATE:</b> 07/25/2016
<b>MET WITH:</b> Roseann Beeman	<b>UNANNOUNCED TIME BEGAN:</b> 08:40 AM
	<b>TIME COMPLETED:</b> 04:15 PM

**ALLEGATION(S):**

1	Children left unsupervised
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) R. Hollie, conducted an unannounced complaint inspection and met
2	with Assistant Director, Ms. Manalastas and Owner, Roseanne Beeman, to discuss the above allegation.
3	The LPA toured the facility, reviewed facility records and conducted interviews with staff.
4	Upon entry to the facility, LPA observed a staff member in the second baby room, sitting on the floor next
5	to the closed accordion door/wall, with an infant in her lap. Another staff member was also in the room
6	and this staff member went over to accordion door/wall and opened the door wider. LPA conducted a tour
7	of the rooms. The staff stated that a baby was just put down to sleep behind the accordion door. LPA
8	observed a baby in the room attempting to fall asleep. The staff member sitting outside of the closed,
9	door/wall, was not and could not properly provide supervision.
10	Based on interviews and LPA's observation, the evidence obtained, the preponderance of evidence
11	standard has been met, therefore, the above allegation is found to be SUBSTANTIATED. Violations of the
12	California Code of Regulations, Title 22, Division 12 and Chapter 3 are being cited on the attached LIC
13	9099d.
	PLEASE SEE 9099 C FOR CONTINUED REPORT.

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/25/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/25/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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**Control Number** 02-CC-20160718112109

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612**COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** FIRST STEPS LEARNING CENTER**FACILITY NUMBER:** 073400647**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 07/25/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/26/2016 Section Cited 101229a1	1 RESPONSIBILITY FOR PROVIDING 2 CARE AND SUPERVISION 101429(a)(1) 3 In addition to Section 101229, the following 4 shall apply:(1) Each infant shall be 5 constantly supervised and under direct 6 visual observation and supervision by a 7 staff person at all times. Under no circumstances shall ANY infant be left unattended. An infant was left alone in a room and not being visually supervised by staff.	1 The facility will provide a written summary 2 on how they will insure children are not left 3 without supervision in the future by 07-26- 4 16 5 6 7
Type A 07/26/2016 Section Cited HSC 1596.99c2	1 HEALTH AND SAFETY SECTION 2 1596.99C2 3 Absence of supervision, including but not 4 limited to a child left unattended. An infant 5 was left without visual supervision today. 6 The facility will receive a civil penalty 7 assessment of an immediate \$150 and \$150 per day until the facility indicates that the deficiency is corrected.	1 The facility will submit a written summary 2 on how they will insure children are not left 3 without visual supervision by 07-26-16. The 4 facility will immediately insure that children 5 are visually supervised at all times. 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISOR'S NAME:** Zakiya Ali

**TELEPHONE:** (510) 622-2592

**LICENSING EVALUATOR NAME:** Ronda Hollie

**TELEPHONE:** (510) 725-7004

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 07/25/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/25/2016

**Control Number** 02-CC-20160718112109

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** FIRST STEPS LEARNING CENTER

**FACILITY NUMBER:** 073400647

**VISIT DATE:** 07/25/2016

### NARRATIVE

1 The Licensee acknowledges, that for **TYPE A DEFICIENCIES ONLY** upon receipt, the licensee shall  
2 post the LIC 9099D with type A deficiencies for 30 days and provide copies of this licensing report to  
3 parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at  
4 the facility during the next 12 months. The LIC 9224 must be signed by parents/guardians and kept with  
5 the children's forms as a receipt whenever any Type A documents are provided by the licensee. A copy  
6 of the LIC 9224 was given to licensee at the time of inspections.  
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8 An exit interview was conducted and where the citation and plan of correction were discussed. Appeal  
9 rights were given and explained to the licensee's representative. A Notice of Site Visit was posted during  
10 this inspection.  
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**SUPERVISOR'S NAME:** Zakiya Ali

**TELEPHONE:** (510) 622-2592

**LICENSING EVALUATOR NAME:** Ronda Hollie

**TELEPHONE:** (510) 725-7004

**LICENSING EVALUATOR SIGNATURE:**

**DATE: 07/25/2016**

**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE: 07/25/2016**



Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 073400647

**Report Date:** 07/25/2016

**Date Signed** 07/25/2016 04:04:52 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
<b>FACILITY EVALUATION REPORT</b>	

<b>FACILITY NAME:</b> FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b> 073400647
<b>ADMINISTRATOR:</b> LINA ARABSHAHI	<b>FACILITY TYPE:</b> 830
<b>ADDRESS:</b> 3201 STANLEY BOULEVARD	<b>TELEPHONE:</b> (925) 933-6283
<b>CITY:</b> LAFAYETTE	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b> 32	<b>DATE:</b> 07/25/2016
<b>TYPE OF VISIT:</b> Annual/Random	<b>TIME BEGAN:</b> 02:00 PM
<b>MET WITH:</b> Roseann Beeman	<b>TIME COMPLETED:</b> 04:30 PM
<b>STATE:</b> CA	
<b>CENSUS:</b> 15 UNANNOUNCED	

NARRATIVE	
1	3-LPA, Hollie met with Owner, Ms. Beeman and Asst Director, Ms. Manalastas for the
2	purpose of a <b>Random Health and Safety Inspection</b> . A tour of the facility was conducted.
3	There are no bodies of water or fire arms at the facility, per the Owner. Disinfectants,
4	cleaning solutions, poisons and other items that are dangerous to children are inaccessible
5	during this visit. Furniture and equipment are age appropriate and appear to be in good
6	condition, free from sharp, loose, pointed parts or small choking articles. The surface of the
7	outdoor activity space is free of hazards. All storage containers for solid waste, (garbage
8	bins) have tight fitting covers that are kept on and in good repair. There is cushioning
9	material under anchored play structures. The licensee takes measures to keep the facility free
10	of flies, other insects and rodents. The facility has age-appropriate furniture and equipment
11	including but not limited to cribs, cots or mats; changing tables and feeding chairs. The
12	licensee is aware that baby walkers, bouncers, exersaucers and jumpers are not allowed in
13	licensed care. The facility has sufficient infant napping equipment that meets Title 22
14	Regulation 101439.1(a)-(f). The facility has indoor space for infants. The child care center
15	appears to be in good condition that ensures the safety and well-being of children, employees
16	and visitors.
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21	<b>SEE 809-C FOR CONTINUED REPORT</b>
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<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 07/25/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/25/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES

COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

VISIT DATE: 07/25/2016

### NARRATIVE

1 The facility has a functioning carbon monoxide detector. Bottles, dishes and containers of  
2 food brought by the infants authorized representative are labeled with the infants name and  
3 current date. While in use, the infant changing tables are placed within arms reach of a sink.  
4

5  
6 The facility is in compliance today with the staff-infant ratio of one teacher for every four  
7 infants in attendance. **THE LICENSEE WAS PROVIDED A COPY OF THEIR APPEAL**  
8 **RIGHTS (LIC 9058 12/15) AND THEIR SIGNATURE ON THIS FORM**  
9 **ACKNOWLEDGES RECEIPT OF THESE RIGHTS. LPA POSTED THE REQUIRED**  
10 **POSTINGS FOR PUBLIC VIEWING**  
11

12  
13 The licensee is not providing IMS (Incidental Medical Services) at this time. Licensee will submit  
14 an updated plan of operation if in the future; they provide any IMS services to a child in care. The  
15 licensee was encouraged to log onto to our website at [CCLD.CA.GOV](http://CCLD.CA.GOV) for the details of what is  
16 required if the licensee cares for children who require Epi Pens, Inhalers and Glucose  
17 Monitoring.  
18

19 Licensee was reminded that anyone employed at the facility must be fingerprint cleared prior  
20 to being in the presence of children, or an immediate civil penalty can be assessed. Also  
21 discussed during the visit was the following: nutrition education; the new appeal process and  
22 documents to be provided to parents/legal guardians. Licensee was encouraged to frequently  
23 visit our website at [WWW.CC.D.CA.GOV](http://WWW.CC.D.CA.GOV) for licensing regulations and updates. Assembly  
24 Bill 633 Fact Sheet was given and discussed with the Licensee.  
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27 Notice of site visit was posted at the time of the inspection and must remain posted for 30  
28 days.  
29

30 **PLEASE SEE 809-D FOR TYPE B DEFICIENCIES.**  
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SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 07/25/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/25/2016

LIC809 (FAS) - (06/04)

Page: 2 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES

# FACILITY EVALUATION REPORT (Cont)

COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

**FACILITY NAME:** FIRST STEPS LEARNING CENTER

**FACILITY NUMBER:** 073400647

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 07/25/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/25/2016 Section Cited 101216g2	1 PERSONNEL REQUIREMENTS 2 ALL PERSONNEL INCLUDING THE 3 LICENSEE SHALL HAVE A HEALTH- 4 SCREENING REPORT, INCLUDING 5 SPECIFIED INFORMATION, SIGNED BY 6 THE PERSON WHO PERFORMED IT. 7 There are two staff members who do not have Health Screenings on file.	1 The facility will submit current health 2 screenings for the two staff members no 3 later than August 25, 2016 4 5 6 7
Type B 08/05/2016 Section Cited 101239f1	1 FIXTURES, FURNITURE, EQUIPMENT 2 AND SUPPLIES. FURNITURE AND 3 EQUIPMENT SHALL BE IN GOOD 4 CONDITION, FREE OF SHARP, LOOSE 5 OR POINTED PARTS. 6 The swing set that the infants use is not 7 securely anchored and the structure moves about when lightly shaken. The center is not currently using the swingset.	1 The center will continue not to place infants 2 on the swing set until the equipment is 3 securely anchored and does not move 4 about when lightly shaken. The center will 5 repair or replace the swing set no later than 6 August 5th and submit in writing to LPA 7 what was done with the swing set.
Type B 08/25/2016 Section Cited 101216f	1 PERSONNEL REQUIRMENTS 2 AT LEAST ONE PERSON TRAINED IN 3 CPR AND PEDIATRIC FIRST AID SHALL 4 BE PRESENT WHEN CHILDREN ARE AT 5 THE FACILITY OR OFFSITE ACTIVITIES. 6 In reviewing staff files, there are no staff 7 that have current CPR/FA.	1 The facility will submit a current CPR/FA 2 certificate of a staff member who will be 3 present when children are in care, 4 including at opening and closing no later 5 than AUGUST 25, 2016. 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISOR'S NAME:** Zakiya Ali

**TELEPHONE:** (510) 622-2592

**LICENSING EVALUATOR NAME:** Ronda Hollie

**TELEPHONE:** (510) 725-7004

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 07/25/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/25/2016

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## ***FACILITY EVALUATION REPORT***

**Facility Number:** 073400647

**Report Date:** 10/10/2016

**Date Signed** 10/10/2016 03:50:08 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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<b>FACILITY NAME:</b> FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b> 073400647
<b>ADMINISTRATOR:</b> LINA ARABSHAHI	<b>FACILITY TYPE:</b> 830
<b>ADDRESS:</b> 3201 STANLEY BOULEVARD	<b>TELEPHONE:</b> (925) 933-6283
<b>CITY:</b> LAFAYETTE	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b> 32	<b>DATE:</b> 10/10/2016
<b>TYPE OF VISIT:</b> POC	<b>TIME BEGAN:</b> 11:45 AM
<b>MET WITH:</b> Ms. Arabshahi	<b>TIME COMPLETED:</b> 03:50 PM
<b>STATE:</b> CA	
<b>CENSUS:</b> 18 UNANNOUNCED	

NARRATIVE	
1	LPA, Hollie met with Assistant Director to conduct a <b>Plan of Correction</b> visit. LPA viewed the
2	corrections and the following items have been cleared.
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4	1. Health Histories are in file for 2 staff.
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6	2. The infant slide has been removed.
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8	3. Staff present have current CPR/FA.
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11	All deficiencies cited on July 25, 2016 are cleared.
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<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 10/10/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/10/2016

**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## ***COMPLAINT INVESTIGATION REPORT***

**Facility Number:** 073400647

**Report Date:** 01/19/2017

**Date Signed** 01/19/2017 12:58:45 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/11/2017** and conducted by Evaluator Dayna Collier

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20170111150256
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<b>FACILITY NAME:</b> FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b> 073400647
<b>ADMINISTRATOR:</b> LINA ARABSHAHI	<b>FACILITY TYPE:</b> 830
<b>ADDRESS:</b> 3201 STANLEY BOULEVARD	<b>TELEPHONE:</b> (925) 933-6283
<b>CITY:</b> LAFAYETTE	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b> 32	<b>DATE:</b> 01/19/2017
<b>MET WITH:</b> Lina Arabshahi	<b>UNANNOUNCED TIME BEGAN:</b> 11:15 AM
	<b>TIME COMPLETED:</b> 01:00 PM

**ALLEGATION(S):**

1	LACK OF SUPERVISION: Infants are unsupervised during nap time
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**INVESTIGATION FINDINGS:**

1	LPA Dayna Collier met with Center Director Lina Arabshahi for a complaint investigation regarding the
2	above allegation. During the course of the investigation, interviews were conducted. It was alleged that
3	infants were unsupervised in the nap room. Interviews disclosed that there is a staff member who
4	supervises infants in the nap room. However, the staff member will stand near the window to supervise
5	both napping rooms. The staff member will physically supervise one room of napping children while
6	looking through the window to supervise the other napping children in the next room. Staff were informed
7	that caring for a sleeping infant through a window does not meet the requirements of providing direct
8	visual observation and of never leaving an infant unattended.
9	Based on the LPA's observations and interviews which were conducted and record review(s), the
10	preponderance of evidence standard has been met. Therefore, the above allegation is found to be
11	SUBSTANTIATED. California Code of Regulations, (Title 22, Division & Chapter Number 101429(a)(1),
12	are being cited on the attached LIC 9099D.
13	See 9099c attached.

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Dayna Collier <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> 510-725-7021 <b>DATE:</b> 01/19/2017
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 01/19/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
 LIC9099 (FAS) - (06/04) Page: 1 of 3

**Control Number** 02-CC-20170111150256

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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**FACILITY NAME:** FIRST STEPS LEARNING CENTER **FACILITY NUMBER:** 073400647  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 01/19/2017

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 01/26/2017 Section Cited 101429(a)(1)	1 2 3 4 5 6 7	101429 Responsibility for Providing Care and Supervision for Infants (a) In addition to Section 101229, the following shall apply: (1) Each infant shall be constantly supervised and under direct visual observation and supervision by a staff person at all times. Under no circumstances shall ANY infant be left unattended.	1 2 3 4 5 6 7	POC: By 1/26/17, a written plan of action will be sent to Licensing detailing steps staff will take to ensure infants are under direct visual observation and supervision at all times.
	8 9 10 11 12 13 14	TODAY AN IMMEDIATE CIVIL PENALTY OF \$150 IS ASSESSED BECAUSE STAFF ARE SUPERVISING SLEEPING INFANTS BY WATCHING THROUGH A WINDOW. THE CIVIL PENALTY WILL CONTINUE AT \$150 PER DAY UNTIL CORRECTED.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISOR'S NAME:** Zakiya Ali  
**LICENSING EVALUATOR NAME:** Dayna Collier  
**LICENSING EVALUATOR SIGNATURE:**

**TELEPHONE:** (510) 622-2592  
**TELEPHONE:** 510-725-7021  
**DATE:** 01/19/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/19/2017

**Control Number** 02-CC-20170111150256

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** FIRST STEPS LEARNING CENTER

**FACILITY NUMBER:** 073400647

**VISIT DATE:** 01/19/2017

### NARRATIVE

1 The attached type B deficiency is cited today and must be corrected by the due date. An exit interview  
2 was conducted and the facility report was discussed with director. Licensee was provided a copy of their  
3 appeal rights (LIC 9058 12/15) and their signature on this form acknowledges receipt of these rights.  
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5 A site visit notice was posted during the visit.  
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**SUPERVISOR'S NAME:** Zakiya Ali  
**LICENSING EVALUATOR NAME:** Dayna Collier  
**LICENSING EVALUATOR SIGNATURE:**

**TELEPHONE:** (510) 622-2592  
**TELEPHONE:** 510-725-7021  
**DATE:** 01/19/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/19/2017





Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## **COMPLAINT INVESTIGATION REPORT**

**Facility Number:** 073400647

**Report Date:** 06/26/2018

**Date Signed** 06/26/2018 12:44:15 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/20/2018** and conducted by Evaluator Phyllis Dyer

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20180620104109
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<b>FACILITY NAME:</b> FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b> 073400647
<b>ADMINISTRATOR:</b> LINA ARABSHAHI	<b>FACILITY TYPE:</b> 830
<b>ADDRESS:</b> 3201 STANLEY BOULEVARD	<b>TELEPHONE:</b> (925) 933-6283
<b>CITY:</b> LAFAYETTE	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b> 32	<b>DATE:</b> 06/26/2018
<b>STATE:</b> CA	<b>TIME BEGAN:</b> 07:40 AM
<b>CENSUS:</b> 18 UNANNOUNCED	<b>TIME COMPLETED:</b> 12:45 PM
<b>MET WITH:</b> Kelsey Joyce and Lina Arabshahi	

**ALLEGATION(S):**

1	Facility is out of ratio.
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**INVESTIGATION FINDINGS:**

1	LPA Dyer conducted an investigation regarding the allegation that the facility is out of ratio.
2	When LPA arrived at the facility, there were 4 children in the Baby Room and 5 children in the Tiny Tots
3	Room. There was 1 staff member on each side, placing the facility out of ratio.
4	Based on the LPA's observations and evidence received, the preponderance of evidence standard has
5	been met. Therefore, the above allegation is found to be SUBSTANTIATED. California Code of
6	Regulations, (Title 22, Division 12 are being cited on the attached LIC9099 D.
7	The attached Type A violation is cited today and must be corrected by the due date. Upon receipt,
8	licensee shall post and provide copies of this licensing report to parents/guardians of children in care at
9	the facility and to parents/guardians of children newly enrolled at the facility during the next 12 months.
10	All parents/guardians must sign an Acknowledgement Form of proof of receiving this report (LIC9224).
11	The LIC 9224 must be placed in the child's file to be reviewed by Licensing.
12	Exit interview conducted. Appeal rights were discussed and given. This report must be kept available for
13	public review for 3 years; Notice of Site visit must be posted for 30 days.

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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<b>SUPERVISOR'S NAME:</b> Ann Robinson <b>LICENSING EVALUATOR NAME:</b> Phyllis Dyer <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2591 <b>TELEPHONE:</b> (510) 622-2602 <b>DATE:</b> 06/26/2018
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 06/26/2018
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This report must be available at Child Care and Group Home facilities for public review for 3 years.  
 LIC9099 (FAS) - (06/04) Page: 1 of 5

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <h2 style="text-align: center;">COMPLAINT INVESTIGATION REPORT</h2>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/20/2018** and conducted by Evaluator Phyllis Dyer

	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20180620104109
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<b>FACILITY NAME:</b> FIRST STEPS LEARNING CENTER  <b>ADMINISTRATOR:</b> LINA ARABSHAHI <b>ADDRESS:</b> 3201 STANLEY BOULEVARD <b>CITY:</b> LAFAYETTE <b>CAPACITY:</b> 32  <b>MET WITH:</b> Kelsey Joyce and Lina Arabshahi	<b>FACILITY NUMBER:</b> 073400647 <b>FACILITY TYPE:</b> 830 <b>TELEPHONE:</b> (925) 933-6283 <b>ZIP CODE:</b> 94549 <b>DATE:</b> 06/26/2018 <b>UNANNOUNCED TIME BEGAN:</b> 07:40 AM <b>TIME COMPLETED:</b> 12:45 PM
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**ALLEGATION(S):**

1	Facility staff failed to provide adequate supervision to children in care.
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**INVESTIGATION FINDINGS:**

1	LPA Dyer conducted an investigation regarding the allegation that staff failed to provide adequate supervision to children in care.
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4	During the course of the investigation, interviews were conducted. LPA observed one staff member in the
5	Baby nap room with six infants. One infant was sleeping and the other five were awake. Additional staff
6	were requested to assist in the room.
7	
8	Based on the LPA's observations and evidence received, the preponderance of evidence standard has
9	been met. Therefore, the above allegation is found to be SUBSTANTIATED. California Code of
10	Regulations, (Title 22, Division 12 are being cited on the attached LIC9099 D.
11	
12	Exit interview conducted. Appeal rights were discussed and given. This report must be kept available for
13	public review for 3 years; Notice of Site visit must be posted for 30 days.

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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<b>SUPERVISOR'S NAME:</b> Ann Robinson <b>LICENSING EVALUATOR NAME:</b> Phyllis Dyer <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2591 <b>TELEPHONE:</b> (510) 622-2602 <b>DATE:</b> 06/26/2018
--	---

I acknowledge receipt of this form and understand my licensing appeal rights as explained and

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/26/2018

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

Page: 3 of 5

Control Number 02-CC-20180620104109

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/26/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/09/2018 Section Cited CCR 101416.5e	1 Staff-Infant Ratio. There shall be 2 provision for overlap of staff for different 3 shifts so that continuity of care is 4 assured. OBSERVED: ONE STAFF 5 MEMBER MONITORING ONE 6 SLEEPING CHILD AND FIVE 7 CHILDREN THAT WERE AWAKE IN THE NAP ROOM.	1 Director will need to provide a plan to 2 insure that there is adequate 3 supervision for all children in care at the 4 facility, especially during transition 5 times.. 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 06/26/2018

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/26/2018

LIC9099 (FAS) - (06/04)

Page: 4 of 5

Control Number 02-CC-20180620104109

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION

# COMPLAINT INVESTIGATION REPORT (Cont)

CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

**FACILITY NAME:** FIRST STEPS LEARNING CENTER

**FACILITY NUMBER:** 073400647

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 06/26/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 06/27/2018 Section Cited CCR 101416.5(b)	1 Staff-Infant Ratio. There shall be a ratio 2 of one teacher for every four infants in 3 attendance. An aide may be substituted 4 for a teacher when all of the following 5 conditions are met: There is a fully 6 qualified teacher directly supervising no 7 more than 12 infants; and each aide is responsible for the direct care and supervision	1 Director will need to prepare a written 2 action plan detailing how every 3 classroom will be sufficiently staffed at 4 the facility. 5 6 7
	8 of a group of no more than four infants. 9 OBSERVED: 1 staff member 10 supervising 5 infants. 11 12 13 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**SUPERVISOR'S NAME:** Ann Robinson

**TELEPHONE:** (510) 622-2591

**LICENSING EVALUATOR NAME:** Phyllis Dyer

**TELEPHONE:** (510) 622-2602

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 06/26/2018

**I acknowledge receipt of this form and understand my appeal rights as explained and received.**

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 06/26/2018

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## ***FACILITY EVALUATION REPORT***

**Facility Number:** 073400647

**Report Date:** 10/27/2017

**Date Signed** 10/27/2017 03:48:36 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
<b>FACILITY EVALUATION REPORT</b>	

<b>FACILITY NAME:</b> FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b> 073400647
<b>ADMINISTRATOR:</b> LINA ARABSHAHI	<b>FACILITY TYPE:</b> 830
<b>ADDRESS:</b> 3201 STANLEY BOULEVARD	<b>TELEPHONE:</b> (925) 933-6283
<b>CITY:</b> LAFAYETTE	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b> 32	<b>DATE:</b> 10/27/2017
<b>TYPE OF VISIT:</b> Case Management - Deficiencies UNANNOUNCED	<b>TIME BEGAN:</b> 08:45 AM
<b>MET WITH:</b> R. Beeman	<b>TIME COMPLETED:</b> 04:15 PM

NARRATIVE	
1	LPA, R. Hollie, met with Owner, Ms. Beeman for the purpose of a Case Management
2	Inspection. Present are 8 staff and 15 children. A tour of the interior and exterior was
3	conducted.
4	In reviewing a sampling of children's records, it was revealed that two children did
5	not have completed and signed physician reports as required.
6	
7	
8	In touring the facility, LPA noted that the facility is not ensuring that children's
9	authorized representatives sign children in and out with legal signatures as required.
10	
11	
12	There was an incident that occurred at the facility on October 5th where a staff
13	member caused a child to fall and hit the back of his head on the ground and yelled
14	at a child.
15	Additionally, the facility was visited by the Lafayette Police Department secondary to
16	receiving a child endangerment report from another agency.
17	
18	
19	The Owner was informed that she must report unusual incident reports within 24
20	hours by phone and within 7 days in writing. Owner stated that she submitted a
21	report this on 10-23 regarding the incident that took place on October 5th and
22	October 20th.
23	LPA viewed the October 5th Unusual Incident Report, and have found the report
24	lacking in details of what occurred with the child and the staff member involved. <b>SEE</b>
25	<b>809-D</b>

<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 10/27/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/27/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

## FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/27/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/27/2017 Section Cited CCR 101220.a1	1 101220a1 - CHILDREN'S MEDICAL 2 ASSESSMENTS. Prior to, or within 30 3 calendar days following the enrollment 4 of a child, the licensee shall obtain a 5 written medical assessment of the child. 6 This medical assessment enables the 7 licensee to assess whether the center can provide necessary health related services to the child. (1) Such assessment shall be performed by, or under the supervision of, a licensed physician, and shall not be more than one year old when obtained.	1 THE FACILITY WILL SUBMIT A COPY 2 OF COMPLETED AND SIGNED 3 MEDICAL ASSESSMENTS NO LATER 4 THAN 11-27-17 TO LPA.. 5 6 7
	8 In reviewing records, LPA observed two 9 children that do not have physician 10 reports in file completed and signed by 11 a physician, 12 13 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 10/27/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/27/2017

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** FIRST STEPS LEARNING CENTER**FACILITY NUMBER:** 073400647**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 10/27/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/31/2017 <b>Section Cited</b> CCR 1012261b	1 SIGN IN AND OUT 101229.1a--In 2 addition to the sign-in procedure 3 requirement of Section 101226.1(b), the 4 licensee shall develop, maintain, and 5 implement a written procedure to sign 6 the child in/out of the child care center 7 that shall, at a minimum, include the 8 following: (1)The person who signs the 9 child in/out shall use his/her full legal 10 signature and shall record the time of 11 day.	1 THE FACILITY WILL SUBMIT IN 2 WRITING HOW THEY WILL ENSURE 3 THAT PARENTS WILL SIGN 4 CHILDREN IN AND OUT WITH LEGAL 5 SIGNATURES. 6 7
	8 The Facility is not ensuring that parents 9 sign children in and out with legal 10 signatures. 11 12 13 14	8 9 10 11 12 13 14
Type B 10/31/2017 <b>Section Cited</b> CCR 1101212a,d	1 101212(d) Reporting Requirements. A 2 report shall be made to the Department 3 within 24 hours of the occurrence of 4 any unusual incident as specified. Any 5 unusual incident or child absence that 6 threatens the physical or emotional 7 health or safety of any child.	1 THE FACILITY WILL SUBMIT IN 2 WRITING NO LATER THAN 3 OCTOBER 31, 2017, AN UNUSUAL 4 INCIDENT REPORT DETAILING 5 EXACTING WHAT OCCURED WITH 6 THE CHILD AND STAFF MEMBER 7 WHERE A CHILD HIT THEIR HEAD. THE FACILITY WILL REPORT INCIDENTS TIMELY AS REQUIRED.
	8 An Incident occured at the facility where 9 a staff member caused a child to fall 10 and hit his head and raised their voice 11 at child. The local Police Department 12 conducted and Inspection/Interview 13 with staff based on a alert/concern 14 called in from another agency.	8 9 10 11 12 13 14

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**SUPERVISOR'S NAME:** Zakiya Ali  
**LICENSING EVALUATOR NAME:** Ronda Hollie  
**LICENSING EVALUATOR SIGNATURE:**

**TELEPHONE:** (510) 622-2592  
**TELEPHONE:** (510) 725-7004  
**DATE:** 10/27/2017

**I acknowledge receipt of this form and understand my appeal rights as explained and received.**

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/27/2017



Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## **COMPLAINT INVESTIGATION REPORT**

**Facility Number:** 073400647

**Report Date:** 11/02/2017

**Date Signed** 11/03/2017 05:30:44 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/26/2017** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20171026090147
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<b>FACILITY NAME:</b> FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b> 073400647
<b>ADMINISTRATOR:</b> LINA ARABSHAHI	<b>FACILITY TYPE:</b> 830
<b>ADDRESS:</b> 3201 STANLEY BOULEVARD	<b>TELEPHONE:</b> (925) 933-6283
<b>CITY:</b> LAFAYETTE	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b> 32	<b>DATE:</b> 11/02/2017
<b>MET WITH:</b> Rosanne Beeman	<b>UNANNOUNCED TIME BEGAN:</b> 12:00 PM
	<b>TIME COMPLETED:</b> 05:00 PM

**ALLEGATION(S):**

1	LICENSE - Facility is operating out of ratio.
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**INVESTIGATION FINDINGS:**

1	LPA, Hollie, met with owner, Ms. Beeman. A tour was conducted. LPA observed a staff member
2	supervising napping children in two rooms (5 & 4). The rooms are divided by a wall. The staff member
3	was sitting in the door way. In the event of an emergency in one room or an incident with a child in
4	another room, the staff member would have to address either issue leaving the children unattended
5	because lack of staff. Based on LPA's observation, the preponderance of evidence standard has been
6	met, therefore, the above allegation is found to be SUBSTANTIATED, CA Code of Regulations. (Title 22,
7	Division 12 and Chapter 3 are being cited today.
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<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Ronda Hollie <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> (510) 725-7004 <b>DATE:</b> 11/02/2017
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 11/02/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
 LIC9099 (FAS) - (06/04) Page: 1 of 3  
**Control Number 02-CC-20171026090147**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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**FACILITY NAME:** FIRST STEPS LEARNING CENTER **FACILITY NUMBER:** 073400647  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 11/02/2017

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 11/06/2017 <b>Section Cited</b> CCR 10101416.5	1	STAFF INFANT RATIO 101416.5 1AB There will be a ratio of one teacher for every four infants. There is a fully qualified teacher directly supervising no more than 12 infants and each aide is responsible for the direct care and supervision of no more than four infants.	1	THE LICENSEE WILL COME INTO RATIO BY HAVING STAFF IN EACH ROOM BY 11-06-17
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	8	STAFF MEMBER (aide) SUPERVISING NINE INFANTS WHILE IN THE MIDDLE OF A DOOR WAY BETWEEN TWO CLASSES.	8	
	9		9	
	10		10	
	11		11	
	12		12	
	13		13	
	14		14	
	1		1	
	2		2	
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	4		4	
	5		5	
	6		6	
	7		7	
	1		1	
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	4		4	
	5		5	
	6		6	
	7		7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Ronda Hollie <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> (510) 725-7004 <b>DATE:</b> 11/03/2017
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 11/03/2017



Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## **COMPLAINT INVESTIGATION REPORT**

**Facility Number:** 073400647

**Report Date:** 11/16/2017

**Date Signed** 12/12/2017 04:56:53 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/20/2017** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20171020111748
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**FACILITY NAME:** FIRST STEPS LEARNING CENTER

**FACILITY NUMBER:** 073400647

**ADMINISTRATOR:** LINA ARABSHAHI

**FACILITY TYPE:** 830

**ADDRESS:** 3201 STANLEY BOULEVARD

**TELEPHONE:** (925) 933-6283

**CITY:** LAFAYETTE

**STATE:** CA

**ZIP CODE:** 94549

**CAPACITY:** 32

**CENSUS:**

**DATE:** 11/16/2017

UNANNOUNCED

**TIME BEGAN:** 07:30 AM

**MET WITH:**

**TIME**

**COMPLETED:** 04:30 PM

**ALLEGATION(S):**

1	PERSONAL RIGHTS - Staff are not following safe sleeping practices.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) R. Holliie conducted an unannounced complaint inspection and met
2	with Owner, Ms. Beeman, to discuss the above allegation. LPA toured the facility and obtained and
3	reviewed records during prior visits and conducted interviews.
4	
5	During the course of the investigation, interviews revealed that some children have occasionally been
6	placed on their stomachs to sleep instead of being placed on their backs. The licensee was informed that
7	placing infants on their backs to sleep reduces the risk of SIDS.
8	
9	Based on the LPA's interviews, the preponderance of evidence standard has been met, therefore, the
10	above allegation is found to be SUBSTANTIATED. Violations of the California Code of Regulations, Title
11	22, Division 12 and Chapter 1 are being cited on the attached LIC 9099-d.
12	
13	

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/16/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/16/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

Page: 2 of 6

**Control Number** 02-CC-20171020111748

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** FIRST STEPS LEARNING CENTER**FACILITY NUMBER:** 073400647**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 11/16/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/20/2017 Section Cited CCR 101223a2	1 101223(a)(2) Personal Rights. Each 2 child shall be accorded safe, healthful 3 and comfortable accommodations, 4 furnishings and equipment. 5 Some children are not being placed on 6 their backs to sleep. 7	1 The facility will place children on their 2 backs to sleep unless there is medical 3 determination given by a physician as 4 not to. 5 The facility will submit a written 6 summary how they plan to ensure 7 children are placed on their backs to sleep. Summary to be submitted no later than 11-20-17.
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/16/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/16/2017

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## **COMPLAINT INVESTIGATION REPORT**

**Facility Number:** 073400647

**Report Date:** 11/16/2017

**Date Signed** 11/16/2017 04:08:20 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/26/2017** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20171026090147
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<b>FACILITY NAME:</b> FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b> 073400647
<b>ADMINISTRATOR:</b> LINA ARABSHAHI	<b>FACILITY TYPE:</b> 830
<b>ADDRESS:</b> 3201 STANLEY BOULEVARD	<b>TELEPHONE:</b> (925) 933-6283
<b>CITY:</b> LAFAYETTE	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b> 32	<b>DATE:</b> 11/16/2017
<b>MET WITH:</b> R. Beeman	<b>UNANNOUNCED TIME BEGAN:</b> 07:30 AM
	<b>TIME COMPLETED:</b> 04:30 PM

**ALLEGATION(S):**

1	PERSONAL RIGHTS - Staff inappropriately handles day-care children.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst, R. Hollie, met with Facility Owner, Ms. Beeman, regarding the above
2	allegation. LPA toured facility, viewed and obtained records as well as conducted interviews on previous
3	inspection visits. Although the complainant states that children are picked up by their arms by staff, the
4	investigation did not determine that occurred, however, the investigation did determine that staff have
5	grabbed children by the arm.
6	Based on interviews and written evidence obtained during this investigation, the preponderance of
7	evidence standard has been met, therefore, the allegation that Staff inappropriately handles day-care
8	children, is found to be SUBSTANTIATED.
9	VIOLETIONS OF THE CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 12 AND
10	CHAPTER 3 ARE BEING CITED ON THE ATTACHED lic 9099d. TYPE A
11	
12	Each parent of children in care and future parents for the next one year, must receive a copy of this
13	report and deficiency notice's citing TYPE A deficiencies. Parents shall sign and LIC 9224 and this form
	shall be placed in children's files. APPEAL RIGHTS PROVIDED

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/16/2017**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/16/2017**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

LIC9099 (FAS) - (06/04)

Page: 1 of 2

**Control Number** 02-CC-20171026090147

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612**COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** FIRST STEPS LEARNING CENTER**FACILITY NUMBER:** 073400647**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 11/16/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/17/2017 Section Cited CCR 101223a1	1 101223(a)(1) Personal Rights. Each 2 child shall be accorded dignity in his/her 3 personal relationships with staff, and 4 other persons. 5 STAFF HAVE HANDLED CHILDREN 6 ROUGHLY BY GRABBING CHILDREN 7 BY THE ARM.	1 The facility staff, including the Owner, 2 will review video on Personal Rights of 3 children at CCLD.CA.GOV website The 4 facility will submit a written summary of 5 how the facility will protect children's 6 personal rights. THE WRITTEN 7 SUMMARY WILL BE MAILED NO LATER THAN 11-17-17.
	8 FAILURE TO CORRECT WILL 9 RESULT IN A \$100 PER DAY CIVIL 10 PENALTY UNTIL CORRECTED. 11 REPEAT VIOLATIONS ARE \$250 PER 12 VIOLATION AND \$100 PER DAY 13 UNTIL CORRECTED. 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/16/2017



I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/16/2017

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## **COMPLAINT INVESTIGATION REPORT**

**Facility Number:** 073400647

**Report Date:** 11/16/2017

**Date Signed** 11/16/2017 04:09:20 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/20/2017** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20171020123039
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<b>FACILITY NAME:</b> FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b> 073400647
<b>ADMINISTRATOR:</b> LINA ARABSHAHI	<b>FACILITY TYPE:</b> 830
<b>ADDRESS:</b> 3201 STANLEY BOULEVARD	<b>TELEPHONE:</b> (925) 933-6283
<b>CITY:</b> LAFAYETTE	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b> 32	<b>DATE:</b> 11/16/2017
<b>MET WITH:</b> R. Beeman	<b>UNANNOUNCED TIME BEGAN:</b> 07:30 AM
	<b>TIME COMPLETED:</b> 04:30 PM

**ALLEGATION(S):**

1	PERSONAL RIGHTS - Staff restrains children during nap time.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst,(LPA) R. Hollie, met with Owner, Ms. Beeman, regarding the above
2	allegation. LPA toured and inspected the facility during this visit and on prior Inspection visits. The
3	complainant states that if children have a difficult time falling asleep, they are restrained by staff. Staff
4	state that children are never restrained but comforted or patted on the back if children are having
5	difficulty falling asleep.
6	
7	Because of the conflicting statements, LPA is unable to determine whether or not the allegation actually
8	occurred. Although the allegation may have happened or is valid, there is not a preponderance of
9	evidence to prove that children have been restrained, therefore, the allegation is deemed
10	UNSUBSTANTIATED at this time.
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<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Ronda Hollie <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> (510) 725-7004 <b>DATE:</b> 11/16/2017
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 11/16/2017
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This report must be available at Child Care and Group Home facilities for public review for 3 years.  
 LIC9099 (FAS) - (06/04) Page: 1 of 10

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <h2 style="text-align: center;">COMPLAINT INVESTIGATION REPORT</h2>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/20/2017** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20171020123039
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<b>FACILITY NAME:</b> FIRST STEPS LEARNING CENTER  <b>ADMINISTRATOR:</b> LINA ARABSHAHI <b>ADDRESS:</b> 3201 STANLEY BOULEVARD <b>CITY:</b> LAFAYETTE <b>CAPACITY:</b> 32  <b>MET WITH:</b> R. Beeman	<b>FACILITY NUMBER:</b> 073400647 <b>FACILITY TYPE:</b> 830 <b>TELEPHONE:</b> (925) 933-6283 <b>ZIP CODE:</b> 94549 <b>DATE:</b> 11/16/2017 <b>UNANNOUNCED TIME BEGAN:</b> 07:30 AM <b>TIME COMPLETED:</b> 04:30 PM
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**ALLEGATION(S):**

1	LACK OF SUPERVISION - resulted in children wandering off.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst,(LPA) R. Hollie, met with Owner, Ms. Beeman, regarding the above
2	allegation. LPA toured and inspected the facility during this visit and on prior Inspection visits. The
3	complainant stated that a child wandered away from the teacher and other students without the staff
4	being aware. LPA conducted interviews . Based on the interviews, it is true that a staff member was
5	bringing children into the center from outside play and , was unaware, that one of the children did not
6	come inside of the class with the rest of the group. While another group of children were outside, a staff
7	member noticed the child that was supposed to be with the group taken inside, was walking towards the
8	back gate and brought the child inside of the play yard and later to the classroom.
9	Based on interviews, while a child did not wander from the property onto the parking lot, the staff member
10	who was in charge of child's supervision, was unaware that the child was missing. The preponderanc of
11	evidence standard has been met, therefore, the above allegation is found to be SUBSTANTIATED.
12	
13	SEE 9099-C FOR CONTINUED REPORT

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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<b>SUPERVISOR'S NAME:</b> Zakiya Ali <b>LICENSING EVALUATOR NAME:</b> Ronda Hollie <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (510) 622-2592 <b>TELEPHONE:</b> (510) 725-7004 <b>DATE:</b> 11/16/2017
--	---

I acknowledge receipt of this form and understand my licensing appeal rights as explained and

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/16/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

Page: 4 of 10

Control Number 02-CC-20171020123039

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/16/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/17/2017 Section Cited CCR 101429a1	1 101429 Responsibility for Providing 2 Care and Supervision for Infants 3 (a) In addition to Section 101229, the 4 following shall apply: (1)Each infant 5 shall be constantly supervised and 6 under direct visual observation and 7 supervision by a staff person at all times.	1 THE FACILITY WILL PLACE IN 2 WRITING HOW THEY WILL ENSURE 3 THAT CHILDREN ARE SUPERVISED 4 BY STAFF AT ALL TIMES. 5 Because of the serious nature of the 6 deficiency, the facility may be requested 7 to meet with Management Staff for a Conference.
	8 A STAFF PERSON WAS UNAWARE 9 THAT A CHILD WAS NOT PRESENT 10 WITH THE REST OF THE GROUP AS 11 THEY WERE GOING BACK INSIDE 12 OF THE CLASS. OTHER STAFF WHO 13 WERE PRESENT OUTSIDE AT THE 14 SAME TIME, SAW CHILD OUTSIDE WALKING ABOUT IN THE YARD AND RETURNED CHILD TO THE CLASS.	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 11/16/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/16/2017

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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# COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

VISIT DATE: 11/16/2017

NARRATIVE	
1	CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 12, CHAPTER 1 WILL BE CITED ON
2	THE ATTACHED 9099-D.
3	
4	An exit interview was conducted with Owner, Ms. Beeman. Ms Beeman was informed that each
5	parent of children in care and future parents for the next one year, must receive a copy of this
6	report and deficiency notice. Parents shall sign and LIC 9224 Acknowledgement of Receipt of
7	Licensing Report and this form shall be placed in children's files.
8	
9	
10	FAILURE TO CORRECT WILL RESULT IN A \$100 PER DAY CIVIL PENALTY
11	UNTIL CORRECTED. REPEAT VIOLATIONS ARE \$250 PER VIOLATION AND
12	\$100 PER DAY UNTIL CORRECTED.
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14	PLEASE SEE 9099-D FOR TYPE A DEFICIENCY.
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SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 11/16/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/16/2017

LIC9099 (FAS) - (06/04)

Page: 5 of 10

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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# COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/20/2017** and conducted by Evaluator Ronda Hollie

PUBLIC	COMPLAINT CONTROL NUMBER: 02-CC-20171020123039
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**FACILITY NAME:** FIRST STEPS LEARNING CENTER

**FACILITY NUMBER:** 073400647

**ADMINISTRATOR:** LINA ARABSHAHI

**FACILITY TYPE:** 830

**ADDRESS:** 3201 STANLEY BOULEVARD

**TELEPHONE:** (925) 933-6283

**CITY:** LAFAYETTE

**STATE:** CA

**ZIP CODE:** 94549

**CAPACITY:** 32

**CENSUS:** 14

**DATE:** 11/16/2017

**MET WITH:** R. Beeman

UNANNOUNCED

**TIME BEGAN:** 07:30 AM

**TIME**

**COMPLETED:** 04:30 PM

**ALLEGATION(S):**

1	LACK OF SUPERVISION - Children are left unattended on changing tables.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst,(LPA) R. Hollie, met with Owner, Ms. Beeman, regarding the above
2	allegation. LPA toured and inspected the facility during this visit and on prior Inspection visits. The
3	complainant states that staff have left children on the changing table without supervision and leave to go
4	get wipes or turn their backs on the children to obtain a diaper. LPA conducted interviews.
5	Based on information gathered from interviews, the preponderance of evidence standard has been met,
6	therefore, the above allegation is found to be SUBSTANTIATED. California Code of Regulations, Title 22,
7	Division 12, Chapter 1 is being cited on the attached 9099-d. Exit interview and appeals rights provided.
8	THE LICENSEE MUST PROVIDE EACH PARENT OF CHILDREN IN CARE AND NEWLY ENROLLING
9	PARENTS WITH A COPY OF THIS REPORT AND DEFICIENCY NOTICE. PARENTS SHALL BE
10	GIVEN AND SIGN AND LIC 9224 ACKNOWLEDGMENT OF RECEIPT OF LICENSING REPORT AND
11	THIS FORM SHALL BE PLACED IN CHILDREN'S FILES. THIS REPORT AND ALL TYPE A REPORTS
12	MUST REMAIN POSTED FOR 30 DAYS. see 8098-c for continued report.
13	

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 11/16/2017
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 11/16/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

Page: 8 of 10

**Control Number** 02-CC-20171020123039

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
<b>COMPLAINT INVESTIGATION REPORT</b>	COMMUNITY CARE LICENSING DIVISION
<b>(Cont)</b>	CCLD Regional Office, 1515 CLAY STREET, SUITE 1102
	OAKLAND, CA 94612

**FACILITY NAME:** FIRST STEPS LEARNING CENTER

**FACILITY NUMBER:** 073400647

**VISIT DATE:** 11/16/2017

NARRATIVE	
1	BECAUSE AND INFANT CHILD WAS LEFT ALONE ON THE CHANGE TABLE WITHOUT
2	SUPERVISION OF STAFF, THE FACILITY WILL BE CHARGED WITH A ZERO TOLERANCE
3	VIOLATION TODAY.
4	
5	<b>THIS IS A ZERO TOLERANCE VIOLATION. AN IMMEDIATE \$500 CIVIL</b>
6	<b>PENALTY IS ASSESS TODAY AND \$100 PER DAY WILL BE</b>
7	

8 **ASSESSED UNTIL CORRECTED. SUBSEQUENT ZERO TOLERANCE**  
9 **VIOLATIONS ARE \$1000 IMMEDIATE CIVIL PENALTY AND \$100 PER**  
10 **DAY WILL BE ASSESSED UNTIL CORRECTED. The licensee was**  
11 **informed that she must submit in writing her Plan of Correction to**  
12 **cease the daily penalties. The licensee was also informed that she will**  
13 **be mailed a bill regarding the civil penalties cited today.**

17 **THE LICENSEE WAS INFORMED THAT ALL ZERO TOLERANCE VIOLATIONS MUST**  
18 **CONFERENCE WITH MANAGEMENT STAFF.**  
19 **THE LICENSEE WAS INSTRUCTED THAT PARENTS MUST RECEIVE A COPY OF THIS REPORT**  
20 **AS WELL AS ALL TYPE A REPORTS.**

24 **FAILURE TO CORRECT WILL RESULT IN A \$100 PER DAY CIVIL PENALTY**  
25 **UNTIL CORRECTED. REPEAT VIOLATIONS ARE \$250 PER VIOLATION AND**  
26 **\$100 PER DAY UNTIL CORRECTED.**

**SUPERVISOR'S NAME:** Zakiya Ali  
**LICENSING EVALUATOR NAME:** Ronda Hollie  
**LICENSING EVALUATOR SIGNATURE:**

**TELEPHONE:** (510) 622-2592  
**TELEPHONE:** (510) 725-7004  
**DATE:** 11/16/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/16/2017

LIC9099 (FAS) - (06/04)

Page: 9 of 10

**Control Number 02-CC-20171020123039**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 073400647  
**VISIT DATE:** 11/16/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/17/2017 Section Cited CCR 101429a1	1 CARE AND SUPERVISION 101429a1 2 (a) In addition to Section 101229, the 3 following shall apply: (1)Each infant 4 shall be constantly supervised and 5 under direct visual observation and 6 supervision by a staff person at all 7 times. Under no circumstances shall ANY infant be left unattended.	1 THE FACILITY WILL SUBMIT IN 2 WRITING HOW THEY WILL ENSURE 3 AND PREVENT CHILDREN FROM 4 BEING UNSUPERVISED BY STAFF. 5 BECAUSE OF THE SERIOUSNESS 6 OF THIS VIOLATION, THE FACILITY 7 WILL RECEIVE A ZERO TOLERANCE VIOLATION NOTICE TODAY. .
	8 Children have been left on the changing 9 table on at least two occassions without 10 direct supervision and on at least one 11 occassion a child was either left 12 standing on the changing table with out 13 supervision or stood up on his own 14 without supervision.	8 9 10 11 12 13 14

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	4		4	
	5		5	
	6		6	
	7		7	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 11/16/2017

**I acknowledge receipt of this form and understand my appeal rights as explained and received.**

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 11/16/2017
---	-------------------------

LIC9099 (FAS) - (06/04)

Page: 10 of 10

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

## COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/20/2017** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20171020123039
---------------	---

**FACILITY NAME:** FIRST STEPS LEARNING CENTER

**FACILITY NUMBER:** 073400647

**ADMINISTRATOR:** LINA ARABSHAHI

**FACILITY TYPE:** 830

**ADDRESS:** 3201 STANLEY BOULEVARD

**TELEPHONE:** (925) 933-6283

**CITY:** LAFAYETTE

**STATE:** CA

**ZIP CODE:** 94549

**CAPACITY:** 32

**CENSUS:** 14

**DATE:** 11/16/2017

**MET WITH:** R. Beeman

**UNANNOUNCED**

**TIME BEGAN:** 07:30 AM

**TIME COMPLETED:** 04:30 PM

### ALLEGATION(S):

1	PERSONAL RIGHTS - Facility staff used an inappropriate form of discipline.
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst,(LPA) R. Hollie, met with Owner, Ms. Beeman, regarding the above
2	allegation. LPA toured and inspected the facility during this visit and on prior Inspection visits.
3	The complainant states that children are placed in high chairs as a form of discipline. LPA conducted
4	interviews and staff state that infants are not disciplined or placed on time out when they are in high
5	chairs, but eating or drinking.



6 Because of the conflicting statements, LPA is unable to determine whether or not the allegation actually  
7 occurred. Although the allegation may have happened or is valid, there is not a preponderance of  
8 evidence to prove that children are placed in high chairs as a form of discipline, therefore, the allegation  
9 is deemed UNSUBSTANTIATED at this time.  
10  
11  
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Unsubstantiated

Estimated Days of Completion:

**SUPERVISOR'S NAME:** Zakiya Ali

**TELEPHONE:** (510) 622-2592

**LICENSING EVALUATOR NAME:** Ronda Hollie

**TELEPHONE:** (510) 725-7004

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/16/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/16/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## **COMPLAINT INVESTIGATION REPORT**

**Facility Number:** 073400647

**Report Date:** 12/11/2017

**Date Signed** 12/11/2017 12:14:41 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/20/2017** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20171020111748
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<b>FACILITY NAME:</b> FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b> 073400647
<b>ADMINISTRATOR:</b> LINA ARABSHAHI	<b>FACILITY TYPE:</b> 830
<b>ADDRESS:</b> 3201 STANLEY BOULEVARD	<b>TELEPHONE:</b> (925) 933-6283
<b>CITY:</b> LAFAYETTE	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b> 32	<b>DATE:</b> 12/11/2017
<b>STATE:</b> CA	<b>TIME BEGAN:</b> 08:35 AM
<b>CENSUS:</b> 18	<b>TIME COMPLETED:</b> 12:30 PM
<b>UNANNOUNCED</b>	
<b>MET WITH:</b> Ms. Arabshahi & Ms. Beeman	

**ALLEGATION(S):**

1	PERSONAL RIGHTS - Staff pushed child resulting in injury.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst, (LPA), Hollie, conducted an unannounced complaint inspection and met with
2	owner, Ms. Beeman, to discuss the above allegation. LPA toured the facility and obtained a census of
3	children. Interviews and paperwork was conducted and reviewed during prior visits to the facility.
4	Based on the interviews and other evidence obtained during the course of this investigation, the
5	preponderance of evidence standard has been met. The above allegation, that a staff member pushed or
6	pulled a child down from a play structure, causing a child to receive a goose egg bump on his head is
7	true and SUBSTANTIATED.
8	
9	THE FACILITY MUST POST THIS REPORT FOR 30 DAYS. THE FACILITY MUST GIVE EACH
10	PARENT OF CHILDREN IN CARE AND NEWLY ENROLLING PARENTS A COPY OF THIS REPORT.
11	PARENTS SHALL SIGN THE LIC 9224 (Acknowledgement of Receipt of Licensing Reports) AND THIS
12	FORM SHALL BE PLACED IN CHILDREN'S FILES.
13	PLEASE SEE 9099-D FOR TYPE A DEFICIENCY

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
----------------------	--------------------------------------

<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 12/11/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 12/11/2017
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This report must be available at Child Care and Group Home facilities for public review for 3 years.  
 LIC9099 (FAS) - (06/04) Page: 1 of 6

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/20/2017** and conducted by Evaluator Ronda Hollie

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 02-CC-20171020111748
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<b>FACILITY NAME:</b> FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b> 073400647
<b>ADMINISTRATOR:</b> LINA ARABSHAHI	<b>FACILITY TYPE:</b> 830
<b>ADDRESS:</b> 3201 STANLEY BOULEVARD	<b>TELEPHONE:</b> (925) 933-6283
<b>CITY:</b> LAFAYETTE	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b> 32	<b>DATE:</b> 12/11/2017
<b>MET WITH:</b> Ms. Arabshahi & Ms. Beeman	<b>UNANNOUNCED TIME BEGAN:</b> 08:35 AM
	<b>TIME COMPLETED:</b> 12:30 PM

**ALLEGATION(S):**

1	INFANT FOOD SERVICE - Facility staff props infant bottles.
2	
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst, (LPA), Hollie, conducted an unannounced complaint inspection and met with
2	owner, Ms. Beeman, to discuss the above allegation. LPA toured the facility and obtained a census of
3	children. Interviews and paperwork was conducted and reviewed during prior visits to the facility. Based
4	on interviews and other evidence, the preponderance of evidence standard has been met, therefore, the
5	above allegation that the facility has on occasion, propped bottles with blankets as a way of feeding
6	infants, is found to be SUBSTANTIATED. Violations of the California Code of Regulations, Title 22,
7	Division 12 and Chapter 3 are being cited on the attched LIC 9099-d.
8	The licensee acknowledges, for TYPE A DEFICIENCIES ONLY upon receipt, the licensee shall post the
9	report and 9099-D for 30 days and provide copies of this licensing report to parents/guardians of children
10	in care and newling enrolling children for the next 12 months. The LIC 9224 (acknowledgment of receipt of
11	licensing reports) must be signed by parents and kept in the children's files.
12	
13	PLEASE SEE 9099-D

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 12/11/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/11/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

Page: 3 of 6

Control Number 02-CC-20171020111748

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/11/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/12/2017 Section Cited CCR 101427h	1 INFANT FOOD SERVICES 2 Infants who are unable to hold a bottle 3 shall be held by a staff person or other 4 adult for bottle feeding. At no time shall 5 a bottle be propped for an infant. 6 INFANT BOTTLES HAVE BEEN 7 PROPPED WITH BLANKETS OR TOWELS DURING FEEDING.	1 THE FACILITY WILL CEASE 2 PROPPING BOTTLES AS A WAY TO 3 FEED INFANTS WHO CANNOT HOLD 4 THEIR BOTTLES. THE FACILITY WILL 5 PLACE IN WRITING HOW THEY WILL 6 ENSURE INFANTS AND BOTTLES 7 ARE HELD WHEN FEEDING.
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 12/11/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/11/2017

LIC9099 (FAS) - (06/04)

Page: 4 of 6

Control Number 02-CC-20171020111748

**COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**DEFICIENCY INFORMATION FOR THIS PAGE:****FACILITY NUMBER:** 073400647  
**VISIT DATE:** 12/11/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/12/2017 Section Cited CCR 101223a,2,3	1 101223(a)(2)(3) Personal Rights. Each 2 child shall be accorded safe, healthful 3 and comfortable accommodations, 4 furnishings and equipment. Each child 5 shall be free from corporal or unusual 6 punishment, humiliation, intimidation, 7 ridicule, coercion, threat, mental abuse, or other actions of a punitive nature.	1 THE LICENSEE AND THE ENTIRE 2 STAFF WILL WATCH THE PERSONAL 3 RIGHTS VIDEO AT CCLD.CA.GOV. 4 THE LICENSEE WILL SUMMARIZE IN 5 WRITING WHAT THE FOCUS AND 6 INTENTION OF THE VIDEO. THE 7 LICENSEE WILL SUBMIT IN WRITING THE NAMES OF STAFF WHO VIEWED VIDEO NO LATER THAN 12- 13-17.
	8 A staff member pulled/pushed a child 9 from a play structure, causing the child 10 to receive a bump on his head thus 11 violating the child's personal rights. 12 13 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.****SUPERVISOR'S NAME:** Zakiya Ali  
**LICENSING EVALUATOR NAME:** Ronda Hollie  
**LICENSING EVALUATOR SIGNATURE:****TELEPHONE:** (510) 622-2592  
**TELEPHONE:** (510) 725-7004  
**DATE:** 12/11/2017**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 12/11/2017**COMPLAINT INVESTIGATION REPORT**This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**10/20/2017** and conducted by Evaluator Ronda Hollie

**FACILITY NAME:** FIRST STEPS LEARNING CENTER**FACILITY NUMBER:** 073400647**ADMINISTRATOR:** LINA ARABSHAHI**FACILITY TYPE:** 830**ADDRESS:** 3201 STANLEY BOULEVARD**TELEPHONE:** (925) 933-6283**CITY:** LAFAYETTE**STATE:** CA**ZIP CODE:** 94549**CAPACITY:** 32**CENSUS:** 18**DATE:** 12/11/2017

UNANNOUNCED

**TIME BEGAN:** 08:35 AM**MET WITH:** Ms. Arabshahi & Ms. Beeman**TIME COMPLETED:** 12:30 PM**ALLEGATION(S):**

1	PERSONAL RIGHTS - Facility staff verbally abuses children.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst, (LPA), Hollie, conducted an unannounced complaint inspection and met with
2	owner, Ms. Beeman, to discuss the above allegation. LPA toured the facility and obtained a census of
3	children. LPA interviewed staff and complainant and viewed paperwork during prior visits to the facility.
4	The complainant states that some of the staff have told children that they smell or that their parents didn't
5	bring them enough to eat for lunch. The facility denies the allegation has ever happened.
6	There have been conflicting statements whether or not the allegation actually occurred.
7	
8	Although the allegation may have happened or are valid, there is not a preponderance of evidence to
9	prove the alleged violation did or did not occur, therefore, the allegations are UNSUBSTANTIATED at this
10	time.
11	
12	An exit interview was conducted with Ms. Beeman and appeal rights were explained. A printed copy of
13	the report as well as a printed copy of the appeal rights were provided to Ms. Beeman at the conclusion
	of the visit.

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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<b>SUPERVISOR'S NAME:</b> Zakiya Ali	<b>TELEPHONE:</b> (510) 622-2592
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 12/11/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.
---

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 12/11/2017
---	-------------------------

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 073400647

**Report Date:** 08/14/2018

**Date Signed** 08/14/2018 11:47:43 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, SUITE 1102 OAKLAND, CA 94612
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<b>FACILITY NAME:</b> FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b> 073400647
<b>ADMINISTRATOR:</b> LINA ARABSHAHI	<b>FACILITY TYPE:</b> 830
<b>ADDRESS:</b> 3201 STANLEY BOULEVARD	<b>TELEPHONE:</b> (925) 933-6283
<b>CITY:</b> LAFAYETTE	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b> 32	<b>DATE:</b> 08/14/2018
<b>TYPE OF VISIT:</b> Annual/Random	<b>TIME BEGAN:</b> 08:20 AM
<b>MET WITH:</b> Kelsey Joyce	<b>TIME COMPLETED:</b> 12:15 PM
<b>STATE:</b> CA	
<b>CENSUS:</b> 24	
<b>UNANNOUNCED</b>	

NARRATIVE	
1	3-LPA, Hollie met with, Center Director, Ms. Kesley Joyce and Assistant Director, Lina
2	Arabshahi for the purpose of a <b>Random Health and Safety Inspection</b> . A tour of the facility
3	was conducted. At the start of the visit there, were 24 children and nine staff present. There
4	are no bodies of water or fire arms at the facility, per the Director. Children are being visually
5	supervised during this visit. There are no infants being left unattended during this visit.
6	Disinfectants, cleaning solutions, poisons and other items that are dangerous to children are
7	inaccessible during this visit. Furniture and equipment are age appropriate and appear to be
8	in good condition, free from sharp, loose, pointed parts or small choking articles. The surface
9	of the outdoor activity space is free of hazards. All storage containers for solid waste,
10	(garbage bins) have tight fitting covers that are kept on and in good repair. There is
11	cushioning material under moveable play structures. The licensee takes measures to keep the
12	facility free of flies, other insects and rodents. The facility has age-appropriate furniture and
13	equipment including but not limited to cribs, cots or mats; changing tables and feeding
14	chairs. The licensee is aware that baby walkers, bouncers, exersaucers and jumpers are not
15	allowed in licensed care.
16	
17	Children's and a sampling of staff records were given to LPA at 9:15 am for review for staff
18	documentation, admission agreement and various documents. <b>SEE NEXT PAGE FOR</b>
19	<b>CONTINUED REPORT</b>
20	
21	
22	
23	
24	
25	

<b>SUPERVISOR'S NAME:</b> Anika Evans	<b>TELEPHONE:</b> (510) 286-4350
<b>LICENSING EVALUATOR NAME:</b> Ronda Hollie	<b>TELEPHONE:</b> (510) 725-7004
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 08/14/2018
I acknowledge receipt of this form and understand my licensing appeal rights as explained and	

received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/14/2018

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 5

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

VISIT DATE: 08/14/2018

### NARRATIVE

- 1 Best practices for safe sleep was given to the Director today to review and put sleep  
2 guidelines into practice.  
3  
4 Licensee was reminded that anyone employed at the facility, must be fingerprint cleared prior  
5 to being in the presence of children, or an immediate civil penalty can be assessed. Also  
6 discussed during the visit was the following: the new appeal process and documents to be  
7 provided to parents/legal guardians. Licensee was encouraged to frequently visit our website  
8 at [WWW.CC.D.CA.GOV](http://WWW.CC.D.CA.GOV) for licensing regulations and updates, particularly the Provider  
9 Information Notices known as PINS. A roster of children in care was provided during this  
10 visit. Notice of site visit was posted at the time of the inspection and must remain posted for  
11 30 days.  
12  
13  
14  
15 **During the children file review, LPA noted that there were a couple of children who**  
16 **recently turned two years old. LPA discussed with the Director if the children still**  
17 **attended care. The Director was advised to request an exception to CCLD Management**  
18 **Staff for the children that have recently turned two years old to remain at the facility**  
19 **until they enter preschool in two weeks.**  
20  
21  
22 **In reviewing the files of children, at least three parents have not been informed or given**  
23 **the reports that document TYPE A deficiencies at the facilities as evidenced by missing**  
24 **Acknowledgement of Receipt of Reports signed by newly enrolling parents.**  
25  
26  
27 **PLEASE SEE 809-D FOR TYPE B DEFICIENCY.**  
28  
29  
30  
31  
32

SUPERVISOR'S NAME: Anika Evans

TELEPHONE: (510) 286-4350

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 08/14/2018

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/14/2018

LIC809 (FAS) - (06/04)

Page: 3 of 5

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647



## DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/14/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 08/20/2018 Section Cited HSC 1596.8595	1 2 3 4 5 6 7	HEALTH & SAFETY 1596.8595(c) A licensed child care facility or home shall provide to the parents of each child receiving services in the facility copies of any licensing report that documents any Type A citation that represents an immediate risk to the health, safety, or personal rights of children in care as specified in paragraph (1) of subdivision (a) of Section 1596.893b. THIS REQUIREMENT HAS NOT BEEN MET AS EVIDENCED BY:	1 2 3 4 5 6 7	The facility will give the parents at least two and possibly three the following: All TYPE A VIOLATIONS FOR THE LAST ONE YEAR AS WELL AS A COPY OF THE NON COMPLIANCE CONFERENCE DOCUMENTS.
	8 9 10 11 12 13 14	The facility has not provided at least two parents with copies of the reports that document Type A violations within the last year. There is no LIC 9224 in file as verification of notification to parents or newly enrolling parents.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Anika Evans

TELEPHONE: (510) 286-4350

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 08/14/2018

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/14/2018

LIC809 (FAS) - (06/04)

Page: 5 of 5

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

VISIT DATE: 08/14/2018

## NARRATIVE

1 The facility has sufficient infant napping equipment that meets Title 22 Regulation  
2 101439.1(a)-(f). The facility has indoor and outdoor space for infants The child care center  
3 appears to be in good condition that ensures the safety and well-being of children, employees  
4

5 and visitors. The facility has a functioning carbon monoxide detector. Bottles, dishes and  
6 containers of food brought by the infants authorized representative are labeled with the  
7 infants name and current date. While in use, the infant changing tables are placed within  
8 arms reach of a sink. The facility is in compliance today with the staff-infant ratio of one  
9 teacher for every four infants in attendance.  
10

11  
12 The facility is aware that all person's 18 years of age or older, must be fingerprint cleared or  
13 associated to the facility, PRIOR to being in the presence of children.  
14

15 **THE LICENSEE WAS PROVIDED A COPY OF THEIR APPEAL RIGHTS (LIC 9058**  
16 **12/15) AND THEIR SIGNATURE ON THIS FORM ACKNOWLEDGES RECEIPT OF**  
17 **THESE RIGHTS.LPA POSTED THE REQUIRED POSTINGS FOR PUBLIC VIEWING**  
18  
19

20 The licensee is not providing IMS (Incidental Medical Services) at this time to any children in  
21 care. Licensee will submit an updated plan of operation if in the future; they provide any IMS  
22 services to a child in care. The licensee was encouraged to log onto to our website at  
23 [CCLD.CA.GOV](http://CCLD.CA.GOV) for the details of what is required if the licensee cares for children who require  
24 Epi Pens, Inhalers and Glucose Monitoring.  
25

26 **PLEASE SEE NEXT PAGE FOR CONTINUED REPORT.**  
27  
28  
29  
30  
31  
32

**SUPERVISOR'S NAME:** Anika Evans

**TELEPHONE:** (510) 286-4350

**LICENSING EVALUATOR NAME:** Ronda Hollie

**TELEPHONE:** (510) 725-7004

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 08/14/2018

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/14/2018

LIC809 (FAS) - (06/04)

Page: 2 of 5

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE  
1102  
OAKLAND, CA 94612

**FACILITY NAME:** FIRST STEPS LEARNING CENTER

**FACILITY NUMBER:** 073400647

**VISIT DATE:** 08/14/2018

### NARRATIVE

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**SUPERVISOR'S NAME:** Anika Evans

**TELEPHONE:** (510) 286-4350

**LICENSING EVALUATOR NAME:** Ronda Hollie

**TELEPHONE:** (510) 725-7004

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 08/14/2018

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/14/2018

# **SAFETY VISIT CHECKLIST** **CHILD CARE CENTERS AND INFANT CENTERS**

Review facility file prior to visit. Check to see that the following information has been updated, if required, and contained in the file. Indicate the date the information was submitted to the licensing agency in the space provided for each item tested.

073400647

First Steps Learning CTR	LICENSE ANNIVERSARY DATE	ON FILE	DATE REQUESTED	DATE RECEIVED
Registration Information (LIC 215)				
Criminal Record Clearance and Child Abuse Index Checks (LIC 198) (updated for current subject to fingerprint requirements)				
Waiver Affidavit Regarding Persons Exempt From Fingerprint Requirements (if not on 500)				
Administrative Organization (LIC 309)*				
Approved Monthly Operating Budget (LIC 401), Budget Information (LIC 420), Financial Statement and Information (LIC 403, LIC 404)				
Articles of Incorporation, Constitution and Bylaws (if applicable)				
Partnership Agreement (if applicable)				
Assignment of Administrative Responsibility (LIC 308)*	Kelsey Joyce			
Personnel Report (LIC 500) Updated*				
Site Floor/Plot Plan (LIC 999)				
Documentation of Qualifications of Facility Director	Kelsey Joyce			
Emergency Disaster Plan (LIC 610)	VIEW			
Seismic and Fire Drills (every 6 months)	DISCUSS/VIEW			
Quality of Operation	IMS			
Admissions Policies and Procedures/Fee Schedule				
Background Screening Report - Facility Personnel (LIC 503)				
Activity Schedule				
Insurance (consistent with terms and limitations of license)				
Biological Analysis of Private Water Supply (if applicable)				
License Fee Received				

## NOTES AND COMMENTS

DATE REVIEWED	- Rosten
PROFILE	- IMS/ IPO
ASSOCIATIONS	- CPE/FA
FACILITY SKETCH	
LIS	
PAYMENTS CURRENT	check kids file
AMOUNT OWED	602 LIC 9224
NALITIES CITED THIS VISIT:	
TYPE A	
TYPE B	

DEFICIENCIES WITHIN 12 MONTHS - CIVIL PENALTIES

DEFICIENCIES WITHIN THREE YEARS OF DEFICIENCIES:

6/18/18 - Sub - Ratio - too many infants / Ratio - Non compliance Conf - 3/18

Open Henry / Anthony

ITS ROSTEN

\*Other verifying documents may be substituted for these LIC forms

# CIVIL PENALTY

- ☒ PAID 😊 4/19/18
- ☐ WAIVED/DISMISSED
- ☐ REDUCED
- ☐ DUE (SEE CHERYL)
- ☐ TAX OFFSET

# INVOICE

## NOTICE OF CIVIL PENALTIES DUE



Initial Invoice



Final Notice

Date Sent

INVOICE NO: 500008283

Amount Due: \$ 0.00

RO/COUNTY OFFICE NO: 02

Facility Name FIRST STEPS LEARNING CENTER		
Physical Address 3201 STANLEY BOULEVARD		
City LAFAYETTE	State CA	Zip Code 94549
Mailing Address P. O. BOX 695		
City LAFAYETTE	State CA	Zip Code 94549

Fiscal Year 17/18	Date LIC 422 sent 4/12/2018
Facility Type 830/INF	Penalty PCA code 84035
Fee Type: 3	Civil Penalty
Facility Number 073400647	

Licensee(s) or Unlicensed Facility Operator PROFESSIONAL CHILDCARE MANAGEMENT		
Address P. O. BOX 695		
City LAFAYETTE	State CA	Zip Code 94549

Supervisor Approval Suzann Paolini	
Title SSM I	Date 4/12/2018

On 11/16/2017 your facility was found to be in violation of one or more sections of the California Health and Safety Code. See Attached LIC 421 series form. As a result, you were assessed the following amount:

Penalty Amount Originally Assessed:	(Date) 11/16/2017	\$ 500.00
Penalty Amount Amended:	(Date)	
Payment Received:	(Date) 4/19/2018	(\$ 500.00)
Balance Due:	(Date)	\$ 0.00

Send the top portion of this notice and your payment to the address shown below within **10 days**. **MAKE CHECKS PAYABLE TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**. Please write your invoice number and facility number(s) on your check.

To: Civil Penalty Coordinator
744 P Street, MS 9-16-50
Sacramento, CA 95814
(916) 657-1712

### FAILURE TO PAY CIVIL PENALTY MAY RESULT IN ANY OR ALL OF THE FOLLOWING:

- SEIZURE OF PERSONAL INCOME TAX REFUNDS
- LICENSE DENIAL, SUSPENSION, OR REVOCATION
- COURT ACTION

Invoice #: 500008283

Facility #: 073400647

## CIVIL PENALTY LEDGER

INVOICE NO. 500008283

REGIONAL OFFICE NUMBER 02

FACILITY NAME		
FIRST STEPS LEARNING CENTER		
FACILITY ADDRESS		
3201 STANLEY BOULEVARD		
CITY	STATE	ZIP CODE
LAFAYETTE	CA	94549

FISCAL YEAR	DATE LIC 422 SENT
17/18	04/12/2018
FACILITY TYPE	FACILITY PCA CODE
830/INF	84035

LICENSEE(S) OR UNLICENSED FACILITY OPERATOR		
PROFESSIONAL CHILDCARE MANAGEMENT INC		
ADDRESS		
P. O. BOX 695		
CITY	STATE	ZIP CODE
LAFAYETTE	CA	94549

FACILITY NUMBER
073400647

	DATE	AMOUNT	CUMULATIVE BALANCE
Original Invoice Amount Assessed	11/16/2017	\$500.00	\$500.00
Civil Penalty Amended Amount			
Civil Penalty Amended Amount			
Civil Penalty Amended Amount			
Sent to Central Operations Branch			
Payment			
4/16/18 8294	04/19/2018	-\$500.00	\$0.00
Payment			
Payment			
Payment			
Payment			

## COMMENTS:

**INVOICE  
NOTICE OF CIVIL PENALTIES DUE**

Initial Invoice



Final Notice

Date Sent

INVOICE NO: 500008283Amount Due: \$ 500.00RO/COUNTY OFFICE NO: 02

Facility Name <b>FIRST STEPS LEARNING CENTER</b>		
Physical Address <b>3201 STANLEY BOULEVARD</b>		
City <b>LAFAYETTE</b>	State <b>CA</b>	Zip Code <b>94549</b>
Mailing Address <b>P. O. BOX 695</b>		
City <b>LAFAYETTE</b>	State <b>CA</b>	Zip Code <b>94549</b>

Fiscal Year <b>17/18</b>	Date LIC 422 sent <b>4/12/2018</b>
Facility Type <b>830/INF</b>	Penalty PCA code <b>84035</b>
Fee Type: <b>3</b>	Civil Penalty
Facility Number <b>073400647</b>	

Licensee(s) or Unlicensed Facility Operator <b>PROFESSIONAL CHILDCARE MANAGEMENT</b>		
Address <b>P. O. BOX 695</b>		
City <b>LAFAYETTE</b>	State <b>CA</b>	Zip Code <b>94549</b>

Supervisor Approval <b>Suzann Paolini</b>	
Title <b>SSM I</b>	Date <b>4/12/2018</b>

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- LICENSE DENIAL, SUSPENSION, OR REVOCATION
- COURT ACTION

Invoice #: **500008283**Facility #: **073400647**



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**CIVIL PENALTY ASSESSMENT - IMMEDIATE \$500 AND REPEAT VIOLATIONS**

FACILITY NAME <b>FIRST STEPS LEARNING CENTER</b>			DATE <b>11/16/2017</b>
FACILITY ADDRESS <b>3201 STANLEY BLVD</b>			FACILITY # <b>073400647</b>
CITY <b>LAFAYETTE</b>	STATE <b>CA</b>	ZIP CODE <b>94549</b>	LICENSEE(S)

A Licensing Report (LIC 809 or LIC 9099) was issued on 11/16/2017 giving notice of a violation for which a civil penalty is prescribed by California Health and Safety Code Section 1548(c), 1568.0822(c), 1569.49(c), 1596.99(c), or 1597.58(c).

**IMMEDIATE \$500 VIOLATION**

For a violation of: ☒ California Code of Regulations ☐ Health and Safety Code  
☐ Interim Licensing Standard

**101429a1**  
 CITATION

☒ An immediate civil penalty of \$500 is hereby assessed for the day of 11/16/2017.

☐ A civil penalty of \$100 per day is hereby assessed for the period of \_\_\_\_\_ through \_\_\_\_\_.

This penalty is a continuation of a daily penalty that was first assessed on \_\_\_\_\_.

Number of days: 1 x \$ 500.00 per day = \$ 500.00 total

**REPEAT VIOLATION**

For a violation of: ☐ California Code of Regulations ☐ Health and Safety Code  
☐ Interim Licensing Standard.

CITATION

A previous licensing report was issued on \_\_\_\_\_ giving notice of the same violation. Because you have been cited for repeating the same violation within 12 months, the following civil penalty shall be assessed until the violation is corrected.

☐ An immediate civil penalty of \$1,000 is hereby assessed for the day of \_\_\_\_\_.

☐ A civil penalty of \$100 per day is hereby assessed for the period of \_\_\_\_\_ through \_\_\_\_\_.

This penalty is a continuation of a daily penalty that was first assessed on \_\_\_\_\_.

Number of days: \_\_\_\_\_ x \$ \_\_\_\_\_ per day = \$ 0.00 total

**DO NOT SEND PAYMENT UNTIL YOU RECEIVE AN INVOICE.**

NAME OF LICENSING PROGRAM ANALYST <b>R. Hoile</b>	SIGNATURE OF LICENSING PROGRAM ANALYST <i>R. Hoile</i>	DATE <b>11/17/17</b>
NAME OF FACILITY REPRESENTATIVE/TITLE <b>R. Beerman</b>	SIGNATURE OF FACILITY REPRESENTATIVE <i>R. Beerman</i>	DATE <b>11/21/17</b>
NAME OF SUPERVISOR/TITLE (FOR INTERNAL USE ONLY) <b>ANITA EVANS L.M.I.</b>	SIGNATURE OF SUPERVISOR <i>Anita Evans</i>	DATE <b>11/17/17</b>

LIC 4211M (7/17)

PAGE 1 OF 3

## **CIVIL PENALTY ASSESSMENT - IMMEDIATE \$500 AND REPEAT VIOLATIONS EXPLANATION TO LICENSEE**

An inspection was conducted at the above facility by a licensing evaluator. During that inspection one or more violations of licensing statutes, regulations, or interim licensing standards were identified. A civil penalty has been assessed for one of the following types of violations:

- Any violation that the department determines resulted in the injury or illness of a person in care.
- Fire clearance violations. (Does not apply to Family Child Care Homes)
- Absence of supervision.
- Accessible bodies of water.
- Accessible firearms, ammunition, or both.
- Licensing agent refused entry to facility or any part of a facility.
- The presence on the premises of a person subject to a department Order of Exclusion.

For a first-time violation of the cited statute, regulation or interim licensing standard, an immediate civil penalty of \$500 per violation has been assessed for one day only. Thereafter, a civil penalty of \$100 per violation per day will be assessed until you have confirmed to the satisfaction of the Department that the violation has been corrected. See California Health and Safety Code Section 1548(c), 1568.0822(c), 1569.49(d), 1596.99(c), or 1597.58(c).

For a repeat violation of the same statute, regulation or interim licensing standard within 12 months of a prior violation, an immediate civil penalty of \$1,000 per violation has been assessed for one day only. Thereafter, a civil penalty of \$100 per violation per day will be assessed until the violation is corrected. See California Health and Safety Code Section 1548(d), 1568.0822(d), 1569.49(d), 1596.99(d), or 1597.58(d).

**IT IS YOUR RESPONSIBILITY** to notify the Department in writing or by telephone when the required corrections have been made. For ongoing daily civil penalties, the penalty shall cease as of the day the Department receives evidence that the correction was made. If the Department is able to verify that the correction was made prior to the date on which the Department received the evidence, the civil penalty shall cease as of that earlier date.

You will receive an invoice in the mail once administrative appeals have been exhausted. Payment is due upon receipt of invoice. Unless payment arrangements have been made that are acceptable to the Department, a civil penalty not paid within 30 days of being billed will be subject to late fees. Payment must be made by a check or money order made payable to the "California Department of Social Services". Please write the facility number and invoice number on your check.

**DO NOT SEND CASH.**

**NOTE:** In addition to the imposition of civil penalties, California Health and Safety Code Sections 1550, 1569.50 and 1596.885 also authorize the suspension or revocation of a license based on licensing violations.

## APPEAL RIGHTS

The licensee has a right without prejudice to discuss any disagreement concerning the proper application of licensing laws and regulations with the Department. The licensee may also request a formal administrative review of any civil penalty or deficiency, to be conducted by the Regional Manager. The licensee and Department shall adhere to the timeline listed below:

- Within 15 business days of receipt of this form, the licensee may request a formal review of any civil penalty or deficiency. The request must be made in writing and should be sent to the Regional Office that has jurisdiction over the facility. The licensee must include all available supporting documentation with the request for review.
- Within 30 business days of the request for review, the licensee may submit additional supporting documentation that was unavailable at the time of the initial request. The licensee may request an office interview to provide additional information.
- Within 30 business days of receiving the initial request from the licensee, the Department may request any additional information from the licensee deemed necessary to make its determination. The licensee shall provide this additional information within 30 business days of receiving the Department's request.
- Within 60 business days of the date when all necessary information has been provided to the Department by the licensee, the licensee shall be notified in writing of the Department's decision.

The Department has a duty to review the facts presented without prejudice. Upon review of the facts, the Department may amend or dismiss the civil penalty or finding of deficiency.

Within 15 business days of receiving the Regional Manager's decision, the licensee may further appeal the decision to the Program Administrator. The same timeline as above applies. The Program Administrator's decision is considered final, and concludes the licensee's administrative appeal rights.

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**10/20/2017** and conducted by Evaluator Ronda Hollie

**PUBLIC****COMPLAINT CONTROL NUMBER: 02-CC-20171020123039**

**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**ADMINISTRATOR:** LINA ARABSHAHI  
**ADDRESS:** 3201 STANLEY BOULEVARD  
**CITY:** LAFAYETTE  
**CAPACITY:** 32

**STATE:** CA  
**CENSUS:** 14  
**UNANNOUNCED**

**FACILITY NUMBER:** 073400647  
**FACILITY TYPE:** 830  
**TELEPHONE:** (925) 933-6283  
**ZIP CODE:** 94549  
**DATE:** 11/16/2017  
**TIME VISIT BEGAN:** 07:30 AM  
**TIME COMPLETED:** 04:30 PM

**MET WITH:** R. Beeman**ALLEGATION(S):**

- 1 LACK OF SUPERVISION - Children are left unattended on changing tables.
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

**INVESTIGATION FINDINGS:**

- 1 Licensing Program Analyst,(LPA) R. Hollie, met with Owner, Ms. Beeman, regarding the above allegation.
- 2 LPA toured and inspected the facility during this visit and on prior inspection visits. The complainant states that
- 3 staff have left children on the changing table without supervision and leave to go get wipes or turn their backs
- 4 on the children to obtain a diaper. LPA conducted interviews.
- 5 Based on information gathered from interviews, the preponderance of evidence standard has been met,
- 6 therefore, the above allegation is found to be SUBSTANTIATED. California Code of Regulations, Title 22,
- 7 Division 12, Chapter 1 is being cited on the attached 9099-d. Exit interview and appeals rights provided.
- 8 THE LICENSEE MUST PROVIDE EACH PARENT OF CHILDREN IN CARE AND NEWLY ENROLLING
- 9 PARENTS WITH A COPY OF THIS REPORT AND DEFICIENCY NOTICE. PARENTS SHALL BE GIVEN AND
- 10 SIGN AND LIC 9224 ACKNOWLEDGMENT OF RECEIPT OF LICENSING REPORT AND THIS FORM SHALL
- 11 BE PLACED IN CHILDREN'S FILES. THIS REPORT AND ALL TYPE A REPORTS MUST REMAIN POSTED
- 12 FOR 30 DAYS. see 8098-c for continued report.
- 13

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/16/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/16/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

VISIT DATE: 11/16/2017

### NARRATIVE

1 BECAUSE AND INFANT CHILD WAS LEFT ALONE ON THE CHANGE TABLE WITHOUT SUPERVISION  
2 OF STAFF, THE FACILITY WILL BE CHARGED WITH A ZERO TOLERANCE VIOLATION TODAY.  
3  
4 THIS IS A ZERO TOLERANCE VIOLATION. AN IMMEDIATE \$500 CIVIL  
5 PENALTY IS ASSESS TODAY AND \$100 PER DAY WILL BE ASSESSED  
6 UNTIL CORRECTED. SUBSEQUENT ZERO TOLERANCE VIOLATIONS ARE  
7 \$1000 IMMEDIATE CIVIL PENALTY AND \$100 PER DAY WILL BE ASSESSED  
8 UNTIL CORRECTED. The licensee was informed that she must submit in  
9 writing her Plan of Correction to cease the daily penalties. The licensee was  
10 also informed that she will be mailed a bill regarding the civil penalties cited  
11 today.  
12  
13 THE LICENSEE WAS INFORMED THAT ALL ZERO TOLERANCE VIOLATIONS MUST CONFERENCE  
14 WITH MANAGEMENT STAFF.  
15 THE LICENSEE WAS INSTRUCTED THAT PARENTS MUST RECEIVE A COPY OF THIS REPORT AS  
16 WELL AS ALL TYPE A REPORTS.  
17  
18 FAILURE TO CORRECT WILL RESULT IN A \$100 PER DAY CIVIL PENALTY UNTIL  
19 CORRECTED. REPEAT VIOLATIONS ARE \$250 PER VIOLATION AND \$100 PER DAY  
20 UNTIL CORRECTED.  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:



DATE: 11/16/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/16/2017

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 073400647  
VISIT DATE: 11/16/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/17/2017 Section Cited CCR 101429a1	<p>1 CARE AND SUPERVISION 101429a1</p> <p>2 (a) In addition to Section 101229, the</p> <p>3 following shall apply: (1)Each infant shall be</p> <p>4 constantly supervised and under direct visual</p> <p>5 observation and supervision by a staff person</p> <p>6 at all times. Under no circumstances shall</p> <p>7 ANY infant be left unattended.</p> <p>8 Children have been left on the changing table</p> <p>9 on at least two occasions without direct</p> <p>10 supervision and on at least one occasion a</p> <p>11 child was either left standing on the changing</p> <p>12 table with out supervision or stood up on his</p> <p>13 own without supervision.</p> <p>14</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1 THE FACILITY WILL SUBMIT IN WRITING</p> <p>2 HOW THEY WILL ENSURE AND PREVENT</p> <p>3 CHILDREN FROM BEING UNSUPERVISED</p> <p>4 BY STAFF. BECAUSE OF THE</p> <p>5 SERIOUSNESS OF THIS VIOLATION, THE</p> <p>6 FACILITY WILL RECEIVE A ZERO</p> <p>7 TOLERANCE VIOLATION NOTICE TODAY. .</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 11/16/2017



I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/16/2017



This Notice must be posted for 30 days

# CIVIL PENALTY

- ☒ PAID 😊 5/25/18
- ☐ WAIVED/DISMISSED
- ☐ REDUCED
- ☐ DUE (SEE CHERYL)
- ☐ TAX OFFSET

# INVOICE

## NOTICE OF CIVIL PENALTIES DUE



Initial Invoice



Final Notice

Date Sent

INVOICE NO: 500005039

Amount Due: \$ 0.00

RO/COUNTY OFFICE NO: 02

Facility Name First Steps Learning Center		
Physical Address 3201 Stanley Boulevard		
City Lafayette	State CA	Zip Code 94549
Mailing Address P.O. Box 695		
City Lafayette	State CA	Zip Code 94549

Fiscal Year 16/17	Date LIC 422 sent 05/15/2017
Facility Type 830/INF	Penalty PCA code 84035
Fee Type: 3	Civil Penalty
Facility Number 073400647	

Licensee(s) or Unlicensed Facility Operator Professional Childcare Management, Inc.		
Address P.O. Box 695		
City Lafayette	State CA	Zip Code 94549

Supervisor Approval Suzann Paolini	
Title SSM I	Date 05/15/2017

On 01/19/2017 your facility was found to be in violation of one or more sections of the California Health and Safety Code. See Attached LIC 421 series form. As a result, you were assessed the following amount:

Penalty Amount Originally Assessed:	(Date) 01/19/2017	\$ 150.00
Penalty Amount Amended	(Date)	
Payment Received:	(Date) 5/25/2017	(\$ 150.00)
Balance Due:	(Date)	\$ 0.00

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To: Civil Penalty Coordinator
744 P Street, MS 9-16-50
Sacramento, CA 95814
(916) 651-5253 Kenji Nakagawa/(916)657-1712 Tania Burke

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- SEIZURE OF PERSONAL INCOME TAX REFUNDS
- LICENSE DENIAL, SUSPENSION, OR REVOCATION
- COURT ACTION

Invoice #: 500005039

Facility #: 073400647



## CIVIL PENALTY LEDGER

INVOICE NO. 500005039

REGIONAL OFFICE NUMBER 02

FACILITY NAME		
First Steps Learning Center		
FACILITY ADDRESS		
3201 Stanley Boulevard		
CITY	STATE	ZIP CODE
Lafayette	CA	94549

FISCAL YEAR	DATE LIC 422 SENT
16/17	05/15/2017
FACILITY TYPE	FACILITY PCA CODE
830/INF	84035

LICENSEE(S) OR UNLICENSED FACILITY OPERATOR		
Professional Childcare Management, Inc.		
ADDRESS		
P.O. Box 695		
CITY	STATE	ZIP CODE
Lafayette	CA	94549

FACILITY NUMBER
073400647

	DATE	AMOUNT	CUMULATIVE BALANCE
Original Invoice Amount Assessed	01/19/2017	\$150.00	\$150.00
Civil Penalty Amended Amount			
Civil Penalty Amended Amount			
Civil Penalty Amended Amount			
Sent to Central Operations Branch			
Payment			
5/21/2017 CK 7717	05/25/2017	-\$150.00	\$0.00
Payment			
Payment			
Payment			
Payment			

## COMMENTS:

**PROFESSIONAL CHILDCARE MANAGEMENT, INC.**

DBA FIRST STEPS LEARNING CENTER  
P.O. BOX 695  
LAFAYETTE, CA 94549  
(925) 933-6283

**CHASE**  **for BUSINESS**  
JPMorgan Chase Bank, N.A.  
www.Chase.com

90-7162/3222

 **Equal Housing Lender**

5/21/17

PAY TO THE  
ORDER OF

California Department of Social Services

\$ \*\*150.00

One Hundred Fifty and 00/100\*\*\*\*\*

DOLLARS

California Department of Social Services

MEMO

073400647/Inv# 50009607

*CF 5091*

*William S. Deener*  
AUTHORIZED SIGNATURE

11007717

7717

# INVOICE

## NOTICE OF CIVIL PENALTIES DUE



Initial Invoice



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City Lafayette	State CA	Zip Code 94549
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Fiscal Year 16/17	Date LIC 422 sent 05/15/2017
Facility Type 830/INF	Penalty PCA code 84035
Fee Type: 3	Civil Penalty
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City Lafayette	State CA	Zip Code 94549

Supervisor Approval Suzann Paolini	
Title SSM I	Date 05/15/2017

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744 P Street, MS 9-16-50
Sacramento, CA 95814
(916) 651-5253 Kenji Nakagawa/(916)657-1712 Tania Burke

### FAILURE TO PAY CIVIL PENALTY MAY RESULT IN ANY OR ALL OF THE FOLLOWING:

- SEIZURE OF PERSONAL INCOME TAX REFUNDS
- LICENSE DENIAL, SUSPENSION, OR REVOCATION
- COURT ACTION

Invoice #: 500005039

Facility #: 073400647

**CIVIL PENALTY ASSESSMENT**

FACILITY NAME <b>FIRST STEPS LEARNING CENTER</b>			DATE: 01/19/2017
FACILITY ADDRESS <b>3201 STANLEY BOULEVARD</b>			
CITY <b>LAFAYETTE</b>	STATE <b>CA</b>	ZIP CODE <b>94549</b>	
LICENSEE(S)/OPERATOR <b>PROFESSIONAL CHILDCARE MANAGEMENT INC.</b>			FACILITY # <b>073400647</b>

**LICENSED FACILITY**

Civil penalties can be assessed against any facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1548, 1568.0822, 1569.49, 1596.99 and 1597.58. You are hereby notified that a civil penalty has been assessed.

The above facility has been found in violation of the California Code of Regulations, Title 22, Divisions 6, and/or 12, Section(s) 101429(a)(1)

and/or California Health and Safety Code, Division 2, Chapters 3, 3.01, 3.2, 3.4, 3.5 and 3.6.

Section(s)




A Licensing Report (LIC 809 or LIC 9099) was issued on **07/25/2016** giving notice that failure to correct the above violation(s) would result in a civil penalty.

- ☐ Because you failed to make the corrections specified on the LIC 809, a civil penalty of **\$0** is assessed for the period from through .
- ☐ A civil penalty of \$50 per violation per day, up to a maximum of \$150 per violation per day will be assessed. This will continue until correction(s) is made to comply with the licensing laws, regulations, and approval of the California Department of Social Services or authorized licensing agency.
- ☒ Because you repeated a violation of the same subsection within a 12 month period, an immediate civil penalty of **\$150** is assessed for the period from **01/19/2017** through **01/19/2017**.
- ☐ All Facility Types Except Child Care Centers: **Second citation** within a 12 month period; an immediate civil penalty of \$150 per violation; then \$50 per day per violation until corrections are made.
- ☒ Child Care Centers Only: **Second citation** within a 12 month period; an immediate civil penalty of \$150 per violation; then \$150 per day per violation until corrections are made.
- ☐ Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically ILL (RCF-CI): **Third citation** within 12 month period; an immediate civil penalty of \$1,000 per violation; then \$100 per day per violation until corrections are made.
- ☐ Family Child Care Homes (FCCH), Child Care Centers (CCC), Community Care Facility (CCF): **Third citation** within 12 month period; an immediate civil penalty of \$150 per violation; then \$150 per day per violation until corrections are made.
- ☐ FCCH and CCC only: Second or subsequent violation for failure to allow parent or guardian to enter and inspect facility or for retaliation/discrimination stemming from a request to enter or lodge a complaint. A civil penalty of \$50 per violation.

**Total Penalty Assessed \$150**

YOU WILL RECEIVE AN INVOICE IN THE MAIL.

**DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR INVOICE!**

NAME OF LICENSING PROGRAM ANALYST <b>Dayna Collier</b>	NAME OF FACILITY REPRESENTATIVE/TITLE <b>LINA ARABSHAHI, CENTER DIRECTOR</b>	DATE <b>01/19/2017</b>
SIGNATURE OF LICENSING PROGRAM ANALYST 	SIGNATURE OF FACILITY REPRESENTATIVE 	DATE <b>01/19/2017</b>
SUPERVISOR REVIEW SIGNATURE (FOR INTERNAL USE ONLY) 	TITLE <b>Licensing Program Manager</b>	DATE <b>01/19/2017</b>

**COMPLAINT INVESTIGATION REPORT**CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
01/11/2017 and conducted by Evaluator Dayna Collier

**PUBLIC****COMPLAINT CONTROL NUMBER: 02-CC-20170111150256****FACILITY NAME:** FIRST STEPS LEARNING CENTER**FACILITY NUMBER:** 073400647**ADMINISTRATOR:** LINA ARABSHAHI**FACILITY TYPE:** 830**ADDRESS:** 3201 STANLEY BOULEVARD**TELEPHONE:** (925) 933-6283**CITY:** LAFAYETTE**STATE:** CA**ZIP CODE:** 94549**CAPACITY:** 32**CENSUS:** 25**DATE:** 01/19/2017**UNANNOUNCED****TIME VISIT BEGAN:** 11:15 AM**MET WITH:** Lina Arabshahi**TIME COMPLETED:** 01:00 PM**ALLEGATION(S):**

- 1 LACK OF SUPERVISION: Infants are unsupervised during nap time
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

**INVESTIGATION FINDINGS:**

- 1 LPA Dayna Collier met with Center Director Lina Arabshahi for a complaint investigation regarding the above
- 2 allegation. During the course of the investigation, interviews were conducted. It was alleged that infants were
- 3 unsupervised in the nap room. Interviews disclosed that there is a staff member who supervises infants in the
- 4 nap room. However, the staff member will stand near the window to supervise both napping rooms. The staff
- 5 member will physically supervise one room of napping children while looking through the window to supervise
- 6 the other napping children in the next room. Staff were informed that caring for a sleeping infant through a
- 7 window does not meet the requirements of providing direct visual observation and of never leaving an infant
- 8 unattended.
- 9 Based on the LPA's observations and interviews which were conducted and record review(s), the
- 10 preponderance of evidence standard has been met. Therefore, the above allegation is found to be
- 11 **SUBSTANTIATED.** California Code of Regulations, (Title 22, Division & Chapter Number 101429(a)(1), are
- 12 being cited on the attached LIC 9099D.
- 13 See 9099c attached.

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Dayna Collier**TELEPHONE:** 510-725-7021**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/19/2017**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/19/2017**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 073400647  
VISIT DATE: 01/19/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 01/26/2017 Section Cited 101429(a)(1)	<p>1 101429 Responsibility for Providing Care and 2 Supervision for Infants 3 (a) In addition to Section 101229, the following 4 shall apply: 5 (1) Each infant shall be constantly 6 supervised and under direct visual observation and 7 supervision by a staff person at all times. Under no 8 circumstances shall ANY infant be left unattended.</p> <p>8 TODAY AN IMMEDIATE CIVIL PENALTY OF \$150 9 IS ASSESSED BECAUSE STAFF ARE 10 SUPERVISING SLEEPING INFANTS BY 11 WATCHING THROUGH A WINDOW. THE CIVIL 12 PENALTY WILL CONTINUE AT \$150 PER DAY 13 UNTIL CORRECTED. 14</p>	<p>1 POC: By 1/26/17, a written plan of action will be 2 sent to Licensing detailing steps staff will take to 3 ensure infants are under direct visual observation 4 and supervision at all times. 5 6 7</p>
	<p>1 2 3 4 5 6 7</p>	<p>1 2 3 4 5 6 7</p>
	<p>1 2 3 4 5 6 7</p>	<p>1 2 3 4 5 6 7</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

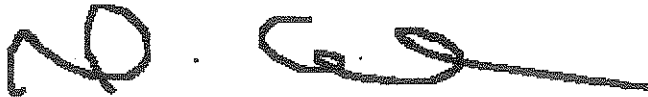
SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: 510-725-7021

LICENSING EVALUATOR SIGNATURE:



DATE: 01/19/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/19/2017

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

VISIT DATE: 01/19/2017

### NARRATIVE

1 The attached type B deficiency is cited today and must be corrected by the due date. An exit interview was  
2 conducted and the facility report was discussed with director. Licensee was provided a copy of their appeal  
3 rights (LIC 9058 12/15) and their signature on this form acknowledges receipt of these rights.  
4

5 A site visit notice was posted during the visit.  
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SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: 510-725-7021


LICENSING EVALUATOR SIGNATURE:



DATE: 01/19/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/19/2017

# CIVIL PENALTY

- ☒ PAID 😊 12/12/16
- ☐ WAIVED/DISMISSED
- ☐ REDUCED
- ☐ DUE (SEE CHERYL)
- ☐ TAX OFFSET



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICE  
COMMUNITY CARE LICENSING DIVISION

RECEIPT NO: R50-000346286  
DATE ISSUED: 12/12/2016  
OFFICE: 50

CASH STATE RECEIPT FOR FEE TYPE PAID: CIVIL PENALTY 500003607

**THESE FEES ARE NON-REFUNDABLE**

FACILITY NUMBER	073400647
REMITTER	Professional Childcare Management Inc
PCA	84035
PAY TYPE	Check
DATE OF CHECK	12/05/2016
CHECK NUMBER	7417
TOTAL AMOUNT COLLECTED	\$150.00

# INVOICE

## NOTICE OF CIVIL PENALTIES DUE



Initial Invoice



Final Notice

Date Sent

INVOICE NO: 500003607

Amount Due: \$ 150.00

RO/COUNTY OFFICE NO: 02

Facility Name First Steps Learning Center		
Physical Address 3201 Stanley Boulevard		
City Lafayette	State CA	Zip Code 94549
Mailing Address P.O. Box 695		
City Lafayette	State CA	Zip Code 94549

Fiscal Year 16/17	Date LIC 422 sent 11/29/2016
Facility Type 830/INF	Penalty PCA code 84035
Fee Type: 3	Civil Penalty
Facility Number 073400647	

Licensee(s) or Unlicensed Facility Operator Professional Childcare Management, Inc.		
Address P.O. Box 695		
City Lafayette	State CA	Zip Code 94549

Supervisor Approval Suzann Paolini	
Title SSM I	Date 11/29/2016

On 7/25/2016 your facility was found to be in violation of one or more sections of the California Health and Safety Code. See Attached LIC 421 series form. As a result, you were assessed the following amount:

Penalty Amount Originally Assessed:	(Date) 7/25/2016	\$ 150.00
Penalty Amount Amended	(Date)	
Payment Received:	(Date)	
Balance Due:	(Date)	\$ 150.00

Send the top portion of this notice and your payment to the address shown below within **10 days**. **MAKE CHECKS PAYABLE TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**. Please write your invoice number and facility number(s) on your check.

To: Civil Penalty Coordinator
744 P Street, MS 9-16-50
Sacramento, CA 95814
(916) 651-5253 Kenji Nakagawa/(916)657-1712 Tania Burke

### FAILURE TO PAY CIVIL PENALTY MAY RESULT IN ANY OR ALL OF THE FOLLOWING:

- SEIZURE OF PERSONAL INCOME TAX REFUNDS
- LICENSE DENIAL, SUSPENSION, OR REVOCATION
- COURT ACTION

**CIVIL PENALTY ASSESSMENT - IMMEDIATE \$150**CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

FACILITY NAME FIRST STEPS LEARNING CENTER			DATE 07/25/2016
FACILITY ADDRESS 3201 STANLEY BOULEVARD	CITY LAFAYETTE	STATE CA	ZIP CODE 94549
LICENSEE(S) PROFESSIONAL CHILDCARE MANAGEMENT INC.			FACILITY # 073400647

A Licensing Report (LIC 809 or LIC 9099) was issued on 07/25/2016 giving notice that your facility has been found in violation of one or more requirements for which an immediate civil penalty is warranted in accordance with one or more of the following California Health and Safety Code Sections: 1548, 1568.0822, 1569.49, 1596.99 and 1597.58.

You are hereby notified that an immediate civil penalty of \$150 per violation followed by \$150 per day per violation until corrected is assessed for the period of 07/25/2016 through 07/25/2016 for the following violations:

- ☐ Violations that result in the death of a client in care at a Small Family Home, Adult Residential Facility for Persons with Special Health Care Needs, or Crisis Nursery.
- ☐ Violations that result in sickness or injury to a client in care. (Excluding serious bodily injury or physical abuse. Does not apply to Residential Care Facilities for the Chronically Ill or Foster Family Homes.)
- ☐ Fire clearance violations (Does not apply to Family Child Care Homes.)
- ☒ Absence of supervision
- ☐ Accessible bodies of water
- ☐ Accessible firearms, ammunition, or both
- ☐ Licensing agent refused entry to a facility or any part of a facility
- ☐ The presence of an excluded person on the premises

<p>Total # of (Per Day) Violations: <u>1</u>  <u>x \$150</u>  Total Penalty Assessed <u>\$150</u></p>
---

YOUR WILL RECEIVE AN INVOICE IN THE MAIL  
DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR INVOICE

NAME OF LICENSING PROGRAM ANALYST Ronda Hollie	NAME OF FACILITY REPRESENTATIVE/TITLE <i>Roseann Beeson</i>	DATE 07/25/2016
SIGNATURE OF LICENSING PROGRAM ANALYST <i>[Signature]</i>	SIGNATURE OF FACILITY REPRESENTATIVE <i>[Signature]</i>	DATE 07/25/2016
SUPERVISOR REVIEW SIGNATURE (FOR INTERNAL USE ONLY) <i>[Signature]</i>	TITLE Licensing Program Manager	DATE 07/25/2016

**IMMEDIATE CIVIL PENALTY ASSESSMENT FORM****EXPLANATION TO LICENSEE**

Immediate civil penalties can be assessed against any licensee for:

- A violation of one or more requirements for which an immediate civil penalty is warranted in accordance with California Health and Safety Code Sections 1548, 1568.0822, 1569.49, 1596.99 and 1597.58.
- A violation which results in any injury or sickness that does not meet the definition of serious bodily injury or physical abuse as defined in 1548(e), 1568.0822(e), 1569.49(e), 1596.99(e), or 1597.58(e).
- A violation which results in the death of a client in care at an Small Family Home, Adult Residential Facility for Persons with Special Healthcare Needs, or Crisis Nursery.

If any of the violations on this form are cited for a Residential Care Facility for the Elderly or a Residential Care Facility for Persons with Chronic Life-Threatening illness, and it is the 2nd or subsequent repeat violation within 12 months of the last repeat violation, it will be reflected on the LIC 421, not on this form.

As noted on the front of this form, a civil penalty has been assessed for one of the above.

You will receive an invoice in the email. Payment is due when billed. Payment must be made by a personal, business or cashier's check or money order made payable to the "California Department of Social Services". Please write the facility number and invoice number on your check and include a copy of your invoice with the payment. You will find the invoice number on your invoice. **DO NOT SEND CASH.**

**APPEAL RIGHTS**

The licensee has a right without prejudice to discuss any disagreement concerning the proper application of licensing laws and regulations with the licensing agency. The licensee may request a formal administrative review of any civil penalty or notice of deficiency, to be conducted by the Regional Manager, following the timeline listed below:

- Within 15 business days of receipt of this form, the licensee may request a formal review of any civil penalty or notice of deficiency. The request must be made in writing and should be sent the Regional Office of jurisdiction over the facility. The licensee must include all available supporting documentation with the request for review.
- Within 30 business days of the request for review, the licensee may submit additional supporting documentation that was unavailable at the time of the initial request.
- Within 30 business days of receiving the initial request from the licensee, the licensing agency may request additional information from the licensee deemed necessary to make its determination. The licensee shall provide this additional information within 30 business days of receiving the request from the licensing agency.
- Within 60 business days of the date when all necessary information has been provided to the department by the licensee, the licensee shall be notified in writing of the licensing agency's decision.

The licensing agency has a duty to review the facts presented without prejudice. Upon review of the facts and in accordance with applicable statutes or regulations, the licensing agency may amend any portion of the action taken, or may dismiss the violation. Within 15 business days of receiving the Regional Manager's decision, the licensee may further appeal the decision to the Program Administrator. The same timeline as above applies. The Program Administrator's decision is considered final, and concludes the licensee's administrative appeal rights.

## TRANSACTION LOG

This form is intended to document actions concerning the facility identified below. Such actions may include all activities normally requested on form LIC 907, (Transmittal For Processing) except for ordering licenses. Entries should be brief, limited to actions requested and actions concluded. It is not meant to replace forms LIC 185 and/or LIC 812. Enter initial and last name after each entry. File this form on top of the first flap of the public file. While transactions are in process, this should be attached to the front of the file; otherwise it will be kept on the top flap of the public file but removed before public view.

FACILITY NAME First Step Learning FACILITY NO. 07340064;

DATE                      ACTION chr

7/13/00 case routed to Judy pr

5/8/00 memo, attached for your review in my Judy comment on an "exclusion" of Eudora Holchinski 5/19/00 - Judy, I agree with you. chr

5/8/00 Support Staff. Send inquiry to DOT for a status report on fingerprint clearance for KELLY HERRIMAN. Pending more than 30 days.  
update LIS by deleting names crossed off Personnel Report summary (4 pages). Judy

12/1/00 Drive D/S see complaint report # 809.  
Hanks, Nina

12-12-00 Please log off complaint # 24093. Del

3/14/01 complaint # 24093 logged off pr  
case return to file pr

9-26-01 ANNUAL INSPECTION COMPLETED

1/8/02 Complaint to supervisor for sign-off 9099-bfr w/signatures

4/8/05 Random conducting

7/16 Random visit made

LIS055 LICENSING INFORMATION SYSTEM - FACILITY PROFILE DATE: 05/08/00

EVALUATOR: 0102 DISTRICT OFFICE: 02 FACILITY NUMBER: 07 3400647  
FACILITY NAME: FIRST STEPS LEARNING CENTER  
FAC ADDR: 3201 STANLEY BOULEVARD, LAFAYETTE, CA 94549  
FAC MAIL: P. O. BOX 695, LAFAYETTE, CA 94549  
FACILITY TYPE: INFANT CENTER STATUS: LICENSED CAPACITY: 0032  
FAC FIRST LICENSED: 09/09/96 DATE APP REC'D: 06/04/96  
COUNTY: CONTRA COSTA DIRECTOR: FOLEY, CHARLOTTE PHONE: (925)933-6283  
DATE CAP INC: DATE CAP APPR: ANNUAL FEES CURRENT: N/A  
LICENSEE NAME: PROFESSIONAL CHILDCARE MANAGEMENT INC.  
LIC MAIL: P. O. BOX 695, LAFAYETTE, CA 94549  
LICENSE EFF DATE: 09/09/96 TYPE: PROFIT CORP  
FACILITY DUAL IDENTIFIER: N DUAL LICENSE NUMBER: FCRB:  
COMMENTS AGE RANGE: BIRTH TO 2 YEARS. MAXIMUM OF 6 IN MUNCHKIN AND YOUTH ROOMS.  
MAXIMUM OF 7 IN YOUNG TODDLER ROOM.  
HOURS: MONDAY - FRIDAY, 6:30 A.M. - 6:30 P.M.

CLIENTS SERVED: INFANT FACILITY CLOSED DATE:  
LAST VISIT DATE: 03/20/00 TYPE: COMPLAINT  
LAST DEFERRED VISIT DATE: TYPE:  
SUPPLEMENTARY PERSONAL HISTORY: 000 LAST REPORTED FIRE CLEARANCE: 07/26/96  
R = MENU, Y = DATES, F = SUMMARY, H = PAYMENT HISTORY, ENTER = PROFILE ==>

## TRANSACTION LOG

This form is intended to document actions concerning the facility identified below. Such actions may include all activities normally requested on form LIC 907, (Transmittal For Processing) except for licensing licenses. Entries should be brief, limited to what is requested and actions concluded. It is not meant to replace forms LIC 185 and/or LIC 800. Enter initial and last name after each entry. File this form on top of the first flap of the public file. While transactions are in process, this should be attached to the front of the file; otherwise it will be kept on the top flap of the public file but removed before public view.

FACILITY NAME FIRST STEPS LEARNING FACILITY NO. 073400647

DATE CENTER ACTION

7.6.99

Juanita, forward ALICIA CANNADA'S fingerprint clearance to DOS for input. delete five names crossed off Facility Personnel Report Summary. Return file to me. Judy

7/8/99

Above Done — Juanita

10/12/99

Heane, complaint # 304764 is attached for review. Judy.

10-25-99

Please log off complaint # 304764. ID

10/12/99

File to be placed on Investigator's table for # 23042

11/3/99

complaint Logged off # 304764 folder furnished of Juanita to send R&R copy some documents return to file for

11/04/99

Above Done — Juanita

3/22/00

Heane, # 23043 attached for sign off. OK OS 3/27/00

3/27/00

Log off complaint # 23043. File paperwork. Remove "Pink" cover. Return file to Judy for SPH or release. OK OS 3/27/00

4/13/00

T/C response. Within 10 date visit date 10/15/99, # 23043 Complaint logged off R&R case sent

## TRANSACTION LOG

This form is intended to document actions concerning the facility identified below. Such actions may include all activities normally requested on form LIC 907, (Transmittal For Processing) except for ordering licenses. Entries should be brief, limited to actions requested and actions concluded. It is not meant to replace forms LIC 185 and/or LIC 812. Enter initial and last name after each entry. File this form on top of the first flap of the public file. While transactions are in process, this should be attached to the front of the files; otherwise it will be kept on the top flap of the public file but removed before public view.

FACILITY NAME FIRST STEPS LEARNING CENTER (INFANT) FACILITY NO. 073400647

DATE

ACTION

9/19/96 License to LPA for signature -jmb

10/18/96 <sup>10/21/96</sup> Please review complaint and forward to log off. *jjm*

\* Return file to Barbara after log off

10/22/96 Complaint #300130 logged-off. Material filed. 9090 (copy) to R & K; file returned to LPA. Barbara

11/6/96 License to LPA for signature -jmb

11/7/96 License mailed -jmb

3-6-97 Complaint to supervisor for log off & the substantiated 9099 to R & K wsh/mcc

3-13-97 Complaint #300474 logged-off & material filed. 9099 to R & K

4/17/97 Please log off complaint; copy of 1 9099 to R & K file material  
Note: Code change

R Jones

4/18/97 Complaint #300595 logged-off & code change. 9099 to R & K

*CH*



# SECTION A First Steps Learning Center $\Delta$ Location

Forms required to be completed for licensure

## SECTION B-SUPPORTIVE DOCUMENTS

Supportive documents required to be completed for licensure

### LICENSING FORMS

A1. Application (LIC 200)	✓
A2. Applicant Info. (LIC 215)	✓
A3. Designation of Administrative Responsibility (LIC 308)	✓
A4. Administrative Organization (LIC 309)	✓
A7. Estimated Operating Budget (LIC 401)	✓
A8. Financial Statement (LIC 403)	✓
A9. Finan. Info. Release and Verification (LIC 404)	✓
A11. Personnel Report (LIC 500)	✓
A12. Personnel Record (LIC 501)	✓
A13. Health Screening Report Facility Personnel (LIC 503)	NAME ✓ ROXANNE ✓ LISA ✓
A14. Emergency Care and Disaster Action Plan (LIC 610)	✓
A15. Fingerprint Cards (BID 7)	
A16. Child Abuse Index Check (LIC 198)	
A17. Facility Sketch	✓
Measure	
Staff Rec.	
Children's Rec.	
H&S Inspect.	
Fire Clearance	
Prints	
P.O.C.	
Application Fee	✓

### SUPPORTIVE DOCUMENTS

B2. Partnership Agreement/Articles of Incorporation	Res. ✓ Art. ✓ By-laws
B2. Verification of Administrator/Director Qualifications	✓
B4. Job Description- each position	✓
B5. Personnel Policies	✓
B6. Inservice Training for Staff	✓
B7. Facility Program Description	✓
B8. Rules of Discipline	✓
B9. Admission Policies	Policies Contract
B10. Sample Menu	✓
B11. List of Play Equipment (indoor/outdoor) and inventory of furniture	✓
B12. Control of Property	✓
B13. Bacteriological Analysis of Private Water Supply (When Water for Human consumption is from a Private Source)	

CI

FTF

CIII

Location Change

# PROGRAM/ADMISSIONS POLICY

- ☒ Program Statement: purpose, goals, methods
- ☒ Days and Hours of operation
- ☒ Schedule of Activities: meals, naps, activities
- ☒ Children whose needs can be met
- ☒ Ages of Children served
- ☒ Food Provisions: who, what meals
- ☒ Medication Procedure
- ☒ Emergency Medical and Dental Procedures
- ☒ *N/A* Supplementary Services (if any)
- ☒ *N/A* Field Trip Provisions (if any)
- ☒ *N/A* Transportation (if any)
- ☒ Sign-in/out Procedures
- ☒ Admission Procedures: interview, preadmission appraisal
- ☒ Personal Rights
- ☒ Parents' Rights
- ☒ Emergency Information
- ☒ Medical Assessment - parents
- ☒ Immunization Requirements
- ☒ Physical Exam
- ☒ Infant Needs and Services Plan

# ADMISSION AGREEMENT

- ☒ Basic Services Offered
- ☒ Optional Services
- ☒ Payment Provisions: rate due date frequency
- ☒ Modification Conditions
- ☒ Refund Policy
- ☒ Rights of Licensing Agency 101195(b)(c)
- ☒ Reasons for Termination
- ☒ Signed and Dated - both parties

# PERSONNEL POLICIES

- ☒ Employee Rights
- ☒ Mandated Reporter & Procedures
- ☒ Education & Experience
- ☒ Prints
- ☒ Child Abuse Index
- ☒ Criminal Record Statement
- ☒ TB Test
- ☒ Physical

# JOB DESCRIPTIONS

	Academics <i>what grade</i>	Experience	Line of Supervision <i>Responsible</i>	Duties
Director	<i>12 units</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Head Teacher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Infant</i> Teacher	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>School Age</i> Aide	<i>N/A</i>	<i>N/A</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Component Head	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CCLD Regional Office  
1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612



09/06/2018

FIRST STEPS LEARNING CENTER  
073400647  
P. O. BOX 695  
LAFAYETTE, CA 94549

**Letter of Deficiency Citations Cleared**

Dear Licensee,

The following deficiencies, initially cited during a visit on 06/26/2018, have been cleared:

<b>Section Cited:</b> 101416.5(b)	<b>Date Due:</b> 06/27/2018	
<b>Plan of Correction:</b> Director will need to prepare a written action plan detailing how every classroom will be sufficiently staffed at the facility.	<b>Corrections:</b> Cleared.	<b>Clearance Date:</b> 07/24/2018

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 09/06/2018

STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

FACILITY NAME: FIRST STEPS LEARNING CENTER  
ADMINISTRATOR: LINA ARABSHAH  
ADDRESS: 3201 STANLEY BOULEVARD  
CITY: LAFAYETTE  
CAPACITY: 32  
TYPE OF VISIT: Annual/Random  
MET WITH: Kelsey Joyce

STATE: CA  
CENSUS: 24  
UNANNOUNCED

FACILITY NUMBER: 073400647  
FACILITY TYPE: 830  
TELEPHONE: (925) 933-6283  
ZIP CODE: 94549  
DATE: 08/14/2018  
TIME BEGAN: 08:20 AM  
TIME COMPLETED: 12:15 PM

NARRATIVE

1 3-LPA, Hollie met with, Center Director, Ms. Kesley Joyce and Assistant Director, Lina  
2 Arabshahi for the purpose of a Random Health and Safety Inspection. A tour of the  
3 facility was conducted. At the start of the visit there, were 24 children and nine staff  
4 present. There are no bodies of water or fire arms at the facility, per the Director.  
5 Children are being visually supervised during this visit. There are no infants being left  
6 unattended during this visit. Disinfectants, cleaning solutions, poisons and other items that  
7 are dangerous to children are inaccessible during this visit. Furniture and equipment are  
8 age appropriate and appear to be in good condition, free from sharp, loose, pointed parts  
9 or small choking articles. The surface of the outdoor activity space is free of hazards. All  
10 storage containers for solid waste, (garbage bins) have tight fitting covers that are kept on  
11 and in good repair. There is cushioning material under moveable play structures. The  
12 licensee takes measures to keep the facility free of flies, other insects and rodents. The  
13 facility has age-appropriate furniture and equipment including but not limited to cribs, cots  
14 or mats; changing tables and feeding chairs. The licensee is aware that baby walkers,  
15 bouncers, exersaucers and jumpers are not allowed in licensed care.  
16  
17 Children's and a sampling of staff records were given to LPA at 9:15 am for review for staff  
18 documentation, admission agreement and various documents. SEE NEXT PAGE FOR  
19 CONTINUED REPORT  
20  
21  
22  
23  
24  
25

SUPERVISOR'S NAME: Anika Evans

TELEPHONE: (510) 286-4350

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:



DATE: 08/14/2018

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/14/2018

This report must be available at Child Care and Group Home facilities for public review for 3 years.

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**DEFICIENCY INFORMATION FOR THIS PAGE:****FACILITY NUMBER:** 073400647  
**VISIT DATE:** 08/14/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/20/2018 Section Cited HSC 1596.8595	<p>HEALTH &amp; SAFETY 1596.8595(c)</p> <p>1 A licensed child care facility or home shall</p> <p>2 provide to the parents of each child receiving</p> <p>3 services in the facility copies of any licensing</p> <p>4 report that documents any Type A citation that</p> <p>5 represents an immediate risk to the health,</p> <p>6 safety, or personal rights of children in care as</p> <p>7 specified in paragraph (1) of subdivision (a) of</p> <p>Section 1596.893b. THIS REQUIREMENT</p> <p>HAS NOT BEEN MET AS EVIDENCED BY:</p> <p>8 The facility has not provided at least two</p> <p>9 parents with copies of the reports that</p> <p>10 document Type A violations within the last</p> <p>11 year. There is no LIC 9224 in file as</p> <p>12 verification of notification to parents or newly</p> <p>13 enrolling parents.</p>	<p>1 The facility will give the parents at least two</p> <p>2 and possibly three the following: All TYPE A</p> <p>3 VIOLATIONS FOR THE LAST ONE YEAR AS</p> <p>4 WELL AS A COPY OF THE NON</p> <p>5 COMPLIANCE CONFERENCE DOCUMENTS.</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISOR'S NAME:** Anika Evans**TELEPHONE:** (510) 286-4350**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/14/2018

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/14/2018

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

VISIT DATE: 08/14/2018

**NARRATIVE**

1 Best practices for safe sleep was given to the Director today to review and put sleep  
2 guidelines into practice.  
3

4  
5 Licensee was reminded that anyone employed at the facility, must be fingerprint cleared  
6 prior to being in the presence of children, or an immediate civil penalty can be assessed.  
7 Also discussed during the visit was the following: the new appeal process and documents  
8 to be provided to parents/legal guardians. Licensee was encouraged to frequently visit our  
9 website at WWW.CC.D.CA.GOV for licensing regulations and updates, particularly the  
10 Provider Information Notices known as PINS. A roster of children in care was provided  
11 during this visit. Notice of site visit was posted at the time of the inspection and must  
12 remain posted for 30 days.  
13  
14

15  
16 During the children file review, LPA noted that there were a couple of children who  
17 recently turned two years old. LPA discussed with the Director if the children still  
18 attended care. The Director was advised to request an exception to CCLD Management  
19 Staff for the children that have recently turned two years old to remain at the facility until  
20 they enter preschool in two weeks.  
21

22  
23 In reviewing the files of children, at least three parents have not been informed or given  
24 the reports that document TYPE A deficiencies at the facilities as evidenced by missing  
25 Acknowledgement of Receipt of Reports signed by newly enrolling parents.  
26

27  
28 PLEASE SEE 809-D FOR TYPE B DEFICIENCY.  
29  
30  
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SUPERVISOR'S NAME: Anika Evans

TELEPHONE: (510) 286-4350

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 08/14/2018

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/14/2018

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

VISIT DATE: 08/14/2018

**NARRATIVE**

1 The facility has sufficient infant napping equipment that meets Title 22 Regulation  
2 101439.1(a)-(f). The facility has indoor and outdoor space for infants. The child care  
3 center appears to be in good condition that ensures the safety and well-being of children,  
4 employees and visitors. The facility has a functioning carbon monoxide detector. Bottles,  
5 dishes and containers of food brought by the infants authorized representative are labeled  
6 with the infants name and current date. While in use, the infant changing tables are placed  
7 within arms reach of a sink. The facility is in compliance today with the staff-infant ratio of  
8 one teacher for every four infants in attendance.  
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12 The facility is aware that all person's 18 years of age or older, must be fingerprint cleared  
13 or associated to the facility, PRIOR to being in the presence of children.  
14

15  
16 THE LICENSEE WAS PROVIDED A COPY OF THEIR APPEAL RIGHTS (LIC 9058  
17 12/15) AND THEIR SIGNATURE ON THIS FORM ACKNOWLEDGES RECEIPT OF  
18 THESE RIGHTS. LPA POSTED THE REQUIRED POSTINGS FOR PUBLIC VIEWING  
19

20  
21 The licensee is not providing IMS (Incidental Medical Services) at this time to any children in care.  
22 Licensee will submit an updated plan of operation if in the future; they provide any IMS services to a  
23 child in care. The licensee was encouraged to log onto to our website at CCLD.CA.GOV for the details  
24 of what is required if the licensee cares for children who require Epi Pens, Inhalers and Glucose  
25 Monitoring.  
26

27 PLEASE SEE NEXT PAGE FOR CONTINUED REPORT.  
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SUPERVISOR'S NAME: Anika Evans

TELEPHONE: (510) 286-4350

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 08/14/2018

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/14/2018

CCLD Regional Office  
1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612



07/24/2018

FIRST STEPS LEARNING CENTER  
073400647  
P. O. BOX 695  
LAFAYETTE, CA 94549

**Letter of Deficiency Citations Cleared**

Dear Licensee,

The following deficiencies, initially cited during a visit on 06/26/2018, have been cleared:

<b>Section Cited:</b> 101416.5e	<b>Date Due:</b> 07/09/2018	
<b>Plan of Correction:</b> Director will need to provide a plan to insure that there is adequate supervision for all children in care at the facility, especially during transition times..	<b>Corrections:</b> Plan received.	<b>Clearance Date:</b> 07/24/2018

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:

DATE: 07/24/2018



**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/20/2018** and conducted by Evaluator Phyllis Dyer

**PUBLIC****COMPLAINT CONTROL NUMBER: 02-CC-20180620104109**

**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**ADMINISTRATOR:** LINA ARABSHAHI  
**ADDRESS:** 3201 STANLEY BOULEVARD  
**CITY:** LAFAYETTE  
**CAPACITY:** 32

**FACILITY NUMBER:** 073400647  
**FACILITY TYPE:** 830  
**TELEPHONE:** (925) 933-6283  
**ZIP CODE:** 94549  
**DATE:** 06/26/2018  
**CENSUS:** 18  
**UNANNOUNCED** **TIME VISIT BEGAN:** 07:40 AM

**MET WITH:** Kelsey Joyce and Lina Arabshahi**TIME COMPLETED:** 12:45 PM**ALLEGATION(S):**

1 Facility is out of ratio.  
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**INVESTIGATION FINDINGS:**

1 LPA Dyer conducted an investigation regarding the allegation that the facility is out of ratio.  
2 When LPA arrived at the facility, there were 4 children in the Baby Room and 5 children in the Tiny Tots Room.  
3 There was 1 staff member on each side, placing the facility out of ratio.  
4 Based on the LPA's observations and evidence received, the preponderance of evidence standard has been  
5 met. Therefore, the above allegation is found to be SUBSTANTIATED. California Code of Regulations, (Title  
6 22, Division 12 are being cited on the attached LIC9099 D.  
7 The attached Type A violation is cited today and must be corrected by the due date. Upon receipt, licensee  
8 shall post and provide copies of this licensing report to parents/guardians of children in care at the facility and  
9 to parents/guardians of children newly enrolled at the facility during the next 12 months. All parents/guardians  
10 must sign an Acknowledgement Form of proof of receiving this report (LIC9224). The LIC 9224 must be placed  
11 in the child's file to be reviewed by Licensing.  
12 Exit interview conducted. Appeal rights were discussed and given. This report must be kept available for  
13 public review for 3 years; Notice of Site visit must be posted for 30 days.

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Phyllis Dyer**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/26/2018

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/26/2018

This report must be available at Child Care and Group Home facilities for public review for 3 years.

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 073400647  
VISIT DATE: 06/26/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 06/27/2018 Section Cited CCR 101416.5(b)	<div>1 Staff-Infant Ratio. There shall be a ratio of one</div> <div>2 teacher for every four infants in attendance.</div> <div>3 An aide may be substituted for a teacher when</div> <div>4 all of the following conditions are met: There is</div> <div>5 a fully qualified teacher directly supervising no</div> <div>6 more than 12 infants; and each aide is</div> <div>7 responsible for the direct care and supervision</div> <div>8 of a group of no more than four infants.</div> <div>9 OBSERVED: 1 staff member supervising 5</div> <div>10 infants.</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1 Director will need to prepare a written action</div> <div>2 plan detailing how every classroom will be</div> <div>3 sufficiently staffed at the facility.</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.


SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR SIGNATURE:



DATE: 06/26/2018

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/26/2018

This Notice must be posted for 30 days

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/20/2018** and conducted by Evaluator Phyllis Dyer

**COMPLAINT CONTROL NUMBER: 02-CC-20180620104109**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	073400647
<b>ADMINISTRATOR:</b>	LINA ARABSHAHI	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>STATE:</b>	CA
<b>CAPACITY:</b>	32	<b>ZIP CODE:</b>	94549
		<b>CENSUS:</b>	18
		<b>UNANNOUNCED</b>	
<b>MET WITH:</b>	Kelsey Joyce and Lina Arabshahi	<b>DATE:</b>	06/26/2018
		<b>TIME VISIT BEGAN:</b>	07:40 AM
		<b>TIME COMPLETED:</b>	12:45 PM

**ALLEGATION(S):**

1 Facility staff failed to provide adequate supervision to children in care.

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**INVESTIGATION FINDINGS:**

1 LPA Dyer conducted an investigation regarding the allegation that staff failed to provide adequate supervision to children in care.

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4 During the course of the investigation, interviews were conducted. LPA observed one staff member in the Baby nap room with six infants. One infant was sleeping and the other five were awake. Additional staff were requested to assist in the room.

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8 Based on the LPA's observations and evidence received, the preponderance of evidence standard has been met. Therefore, the above allegation is found to be SUBSTANTIATED. California Code of Regulations, (Title 22, Division 12 are being cited on the attached LIC9099 D.

12  
13

12 Exit interview conducted. Appeal rights were discussed and given. This report must be kept available for public review for 3 years; Notice of Site visit must be posted for 30 days.

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Ann Robinson**TELEPHONE:** (510) 622-2591**LICENSING EVALUATOR NAME:** Phyllis Dyer**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/26/2018

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/26/2018

This report must be available at Child Care and Group Home facilities for public review for 3 years.

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 073400647  
VISIT DATE: 06/26/2018

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/09/2018 Section Cited CCR 101416.5e	1 Staff-Infant Ratio. There shall be provision for 2 overlap of staff for different shifts so that 3 continuity of care is assured. OBSERVED: 4 ONE STAFF MEMBER MONITORING ONE 5 SLEEPING CHILD AND FIVE CHILDREN 6 THAT WERE AWAKE IN THE NAP ROOM. 7	1 Director will need to provide a plan to insure 2 that there is adequate supervision for all 3 children in care at the facility, especially during 4 transition times.. 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Ann Robinson

TELEPHONE: (510) 622-2591

LICENSING EVALUATOR NAME: Phyllis Dyer

TELEPHONE: (510) 622-2602

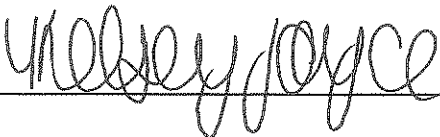
LICENSING EVALUATOR SIGNATURE:



DATE: 06/26/2018

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/26/2018

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**10/20/2017** and conducted by Evaluator Ronda Hollie

**PUBLIC****COMPLAINT CONTROL NUMBER: 02-CC-20171020111748****FACILITY NAME:** FIRST STEPS LEARNING CENTER**FACILITY NUMBER:** 073400647**ADMINISTRATOR:** LINA ARABSHAHI**FACILITY TYPE:** 830**ADDRESS:** 3201 STANLEY BOULEVARD**TELEPHONE:** (925) 933-6283**CITY:** LAFAYETTE**STATE:** CA**ZIP CODE:** 94549**CAPACITY:** 32**CENSUS:** 18**DATE:** 12/11/2017**UNANNOUNCED****TIME VISIT BEGAN:** 08:35 AM**MET WITH:** Ms. Arabshahi & Ms. Beeman**TIME COMPLETED:** 12:30 PM**ALLEGATION(S):**

1 PERSONAL RIGHTS - Staff pushed child resulting in injury.  
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**INVESTIGATION FINDINGS:**

1 Licensing Program Analyst, (LPA), Hollie, conducted an unannounced complaint inspection and met with  
2 owner, Ms. Beeman, to discuss the above allegation. LPA toured the facility and obtained a census of children.  
3 Interviews and paperwork was conducted and reviewed during prior visits to the facility.  
4 Based on the interviews and other evidence obtained during the course of this investigation, the  
5 preponderance of evidence standard has been met. The above allegation, that a staff member pushed or  
6 pulled a child down from a play structure, causing a child to receive a goose egg bump on his head is true and  
7 SUBSTANTIATED.  
8

9 THE FACILITY MUST POST THIS REPORT FOR 30 DAYS. THE FACILITY MUST GIVE EACH PARENT OF  
10 CHILDREN IN CARE AND NEWLY ENROLLING PARENTS A COPY OF THIS REPORT. PARENTS SHALL  
11 SIGN THE LIC 9224 (Acknowledgement of Receipt of Licensing Reports) AND THIS FORM SHALL BE  
12 PLACED IN CHILDREN'S FILES.  
13

PLEASE SEE 9099-D FOR TYPE A DEFICIENCY

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/11/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 12/11/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 073400647  
VISIT DATE: 12/11/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/12/2017 Section Cited CCR 101223a2,3	<div>1 101223(a)(2)(3) Personal Rights. Each child</div> <div>2 shall be accorded safe, healthful and</div> <div>3 comfortable accommodations, furnishings and</div> <div>4 equipment. Each child shall be free from</div> <div>5 corporal or unusual punishment, humiliation,</div> <div>6 intimidation, ridicule, coercion, threat, mental</div> <div>7 abuse, or other actions of a punitive nature.</div> <div>8</div> <div>9 A staff member pulled/pushed a child from a</div> <div>10 play structure, causing the child to receive a</div> <div>11 bump on his head thus violating the child's</div> <div>12 personal rights.</div> <div>13</div> <div>14</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1 THE LICENSEE AND THE ENTIRE STAFF</div> <div>2 WILL WATCH THE PERSONAL RIGHTS</div> <div>3 VIDEO AT CCLD.CA.GOV. THE LICENSEE</div> <div>4 WILL SUMMARIZE IN WRITING WHAT THE</div> <div>5 FOCUS AND INTENTION OF THE VIDEO.</div> <div>6 THE LICENSEE WILL SUBMIT IN WRITING</div> <div>7 THE NAMES OF STAFF WHO VIEWED</div> <div>8 VIDEO NO LATER THAN 12-13-17.</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

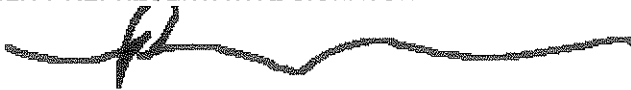
LICENSING EVALUATOR SIGNATURE:



DATE: 12/11/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/11/2017

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on 10/20/2017 and conducted by Evaluator Ronda Hollie

**PUBLIC****COMPLAINT CONTROL NUMBER: 02-CC-20171020111748**

**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**ADMINISTRATOR:** LINA ARABSHAH  
**ADDRESS:** 3201 STANLEY BOULEVARD  
**CITY:** LAFAYETTE  
**CAPACITY:** 32

**STATE:** CA  
**CENSUS:**  
UNANNOUNCED

**FACILITY NUMBER:** 073400647  
**FACILITY TYPE:** 830  
**TELEPHONE:** (925) 933-8283  
**ZIP CODE:** 94549  
**DATE:** 11/16/2017  
**TIME VISIT BEGAN:** 02:22 PM  
**TIME COMPLETED:** 02:23 PM

**MET WITH:****ALLEGATION(S):**

1 PERSONAL RIGHTS - Staff are not following safe sleeping practices.  
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**INVESTIGATION FINDINGS:**

1 Licensing Program Analyst (LPA) R. Hollie conducted an unannounced complaint inspection and met with  
2 Owner, Ms. Beeman, to discuss the above allegation. LPA toured the facility and obtained and reviewed  
3 records during prior visits and conducted interviews.  
4  
5 During the course of the investigation, interviews revealed that some children have occasionally been placed  
6 on their stomachs to sleep instead of being placed on their backs. The licensee was informed that placing  
7 infants on their backs to sleep reduces the risk of SIDS.  
8  
9 Based on the LPA's interviews, the preponderance of evidence standard has been met, therefore, the above  
10 allegation is found to be SUBSTANTIATED. Violations of the California Code of Regulations, Title 22, Division  
11 12 and Chapter 1 are being cited on the attached LIC 9099-d.  
12  
13

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/16/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**  
**DATE:** 11/16/2017  
**FAX FOR SIGNATURE**

This report must be available at Child Care and Group Home facilities for public review for 3 years.

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 073400647  
VISIT DATE: 11/16/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/20/2017 Section Cited CCR 101223a2	1 101223(a)(2) Personal Rights. Each child 2 shall be accorded safe, healthful and 3 comfortable accommodations, furnishings and 4 equipment. 5 Some children are not being placed on their 6 backs to sleep. 7	1 The facility will place children on their backs to 2 sleep unless there is medical determination 3 given by a physician as not to. 4 The facility will submit a written summary how 5 they plan to ensure children are placed on their 6 backs to sleep. Summary to be submitted no 7 later than 11-20-17.
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

*R. Hollie*

DATE: 11/16/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

*Fax for Signature*

DATE: 11/16/2017



**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**10/20/2017** and conducted by Evaluator Ronda Hollie

**PUBLIC****COMPLAINT CONTROL NUMBER: 02-CC-20171020111748**


<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	073400647
<b>ADMINISTRATOR:</b>	LINA ARABSHAH	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>STATE:</b> CA	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b>	32	<b>CENSUS:</b> 18	<b>DATE:</b> 12/11/2017
		UNANNOUNCED	<b>TIME VISIT BEGAN:</b> 08:35 AM
<b>MET WITH:</b>	Ms. Arabshahi & Ms. Beeman		<b>TIME COMPLETED:</b> 12:30 PM

**ALLEGATION(S):**

- 1 INFANT FOOD SERVICE - Facility staff props infant bottles.
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**INVESTIGATION FINDINGS:**

- 1 Licensing Program Analyst, (LPA), Hollie, conducted an unannounced complaint inspection and met with
- 2 owner, Ms. Beeman, to discuss the above allegation. LPA toured the facility and obtained a census of children.
- 3 Interviews and paperwork was conducted and reviewed during prior visits to the facility. Based on interviews
- 4 and other evidence, the preponderance of evidence standard has been met, therefore, the above allegation
- 5 that the facility has on occasion, propped bottles with blankets as a way of feeding infants, is found to be
- 6 SUBSTANTIATED. Violations of the California Code of Regulations, Title 22, Division 12 and Chapter 3 are
- 7 being cited on the attached LIC 9099-d.
- 8 The licensee acknowledges, for TYPE A DEFICIENCIES ONLY upon receipt, the licensee shall post the report
- 9 and 9099-D for 30 days and provide copies of this licensing report to parents/guardians of children in care and
- 10 newling enrolling children for the next 12 months. The LIC 9224 (acknowledgment of receipt of licensing
- 11 reports) must be signed by parents and kept in the children's files.
- 12
- 13 PLEASE SEE 9099-D

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/11/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 12/11/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 073400647  
VISIT DATE: 12/11/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/12/2017 Section Cited CCR 101427h	<div>1 INFANT FOOD SERVICES</div> <div>2 Infants who are unable to hold a bottle shall be</div> <div>3 held by a staff person or other adult for bottle</div> <div>4 feeding. At no time shall a bottle be propped</div> <div>5 for an infant.</div> <div>6 INFANT BOTTLES HAVE BEEN PROPPED</div> <div>7 WITH BLANKETS OR TOWELS DURING</div> <div>FEEDING.</div>	<div>1 THE FACILITY WILL CEASE PROPPING</div> <div>2 BOTTLES AS A WAY TO FEED INFANTS</div> <div>3 WHO CANNOT HOLD THEIR BOTTLES.</div> <div>4 THE FACILITY WILL PLACE IN WRITING</div> <div>5 HOW THEY WILL ENSURE INFANTS AND</div> <div>6 BOTTLES ARE HELD WHEN FEEDING.</div>
	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>
	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>
	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:



DATE: 12/11/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/11/2017

This Notice must be posted for 30 days

**COMPLAINT INVESTIGATION REPORT**CCLD Regional Office, 1615 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
10/20/2017 and conducted by Evaluator Ronda Hollie

**CONFIDENTIAL****COMPLAINT CONTROL NUMBER: 02-CC-20171020111748**

**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**ADMINISTRATOR:** LINA ARABSHAHI  
**ADDRESS:** 3201 STANLEY BOULEVARD  
**CITY:** LAFAYETTE  
**CAPACITY:** 32

**STATE:** CA  
**CENSUS:**  
UNANNOUNCED

**FACILITY NUMBER:** 073400647  
**FACILITY TYPE:** 830  
**TELEPHONE:** (925) 933-6283  
**ZIP CODE:** 94549  
**DATE:** 11/16/2017  
**TIME VISIT BEGAN:** 02:22 PM  
**TIME COMPLETED:** 02:23 PM

**MET WITH:****ALLEGATION(S):**

1 FOOD SERVICE - Facility staff props infant bottles.  
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**INVESTIGATION FINDINGS:**

1 NO FINDINGS - SEE FINDINGS OF 12-11-17  
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**Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/16/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**

*Roseann Benson*  
**FAX FOR SIGNATURE**

**DATE:** 11/16/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9089 (FAS) - (06/04)

Page: 1 of 2

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**10/20/2017** and conducted by Evaluator Ronda Hollie

**PUBLIC****COMPLAINT CONTROL NUMBER: 02-CC-20171020111748**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	073400647
<b>ADMINISTRATOR:</b>	LINA ARABSHAHI	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>ZIP CODE:</b>	94549
<b>CAPACITY:</b>	32	<b>STATE:</b> CA	<b>DATE:</b> 12/11/2017
		<b>CENSUS:</b> 18	<b>TIME VISIT BEGAN:</b> 08:35 AM
		<b>UNANNOUNCED</b>	<b>TIME COMPLETED:</b> 12:30 PM
<b>MET WITH:</b>	Ms. Arabshahi & Ms. Beeman		

**ALLEGATION(S):**

- 1 PERSONAL RIGHTS - Facility staff verbally abuses children.
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**INVESTIGATION FINDINGS:**

- 1 Licensing Program Analyst, (LPA), Hollie, conducted an unannounced complaint inspection and met with
- 2 owner, Ms. Beeman, to discuss the above allegation. LPA toured the facility and obtained a census of children.
- 3 LPA interviewed staff and complainant and viewed paperwork during prior visits to the facility.
- 4 The complainant states that some of the staff have told children that they smell or that their parents didn't
- 5 bring them enough to eat for lunch. The facility denies the allegation has ever happened.
- 6 There have been conflicting statements whether or not the allegation actually occurred.
- 7
- 8 Although the allegation may have happened or are valid, there is not a preponderance of evidence to prove the
- 9 alleged violation did or did not occur, therefore, the allegations are UNSUBSTANTIATED at this time.
- 10
- 11 An exit interview was conducted with Ms. Beeman and appeal rights were explained. A printed copy of the
- 12 report as well as a printed copy of the appeal rights were provided to Ms. Beeman at the conclusion of the visit.
- 13

**Unsubstantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/11/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 12/11/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

**COMPLAINT INVESTIGATION REPORT**CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**10/20/2017** and conducted by Evaluator Ronda Hollie

**CONFIDENTIAL****COMPLAINT CONTROL NUMBER: 02-CC-20171020111748**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	073400647
<b>ADMINISTRATOR:</b>	LINA ARABSHAH	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>STATE:</b>	CA
<b>CAPACITY:</b>	32	<b>ZIP CODE:</b>	94549
		<b>CENSUS:</b>	DATE: 11/16/2017
		<b>UNANNOUNCED</b>	<b>TIME VISIT BEGAN:</b> 02:22 PM
<b>MET WITH:</b>		<b>TIME COMPLETED:</b>	02:23 PM

**ALLEGATION(S):**

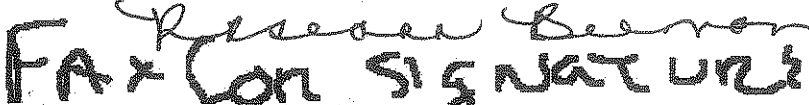
1 PERSONAL RIGHTS - Facility staff verbally abuses children.  
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**INVESTIGATION FINDINGS:**

1 NO FINDINGS - SEE FINDINGS OF 12-11-17  
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**Needs Further Investigation****Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/16/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**  
**FACILITY REPRESENTATIVE SIGNATURE****DATE:** 11/16/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

CCLD Regional Office  
1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612



11/17/2017

FIRST STEPS LEARNING CENTER  
073400647  
P. O. BOX 695  
LAFAYETTE, CA 94549

**Letter of Deficiency Citations Cleared**

Dear Licensee,

The following deficiencies, initially cited during a visit on 10/27/2017, have been cleared:

<b>Section Cited:</b> 101220.a1	<b>Date Due:</b> 11/27/2017	
<b>Plan of Correction:</b> THE FACILITY WILL SUBMIT A COPY OF COMPLETED AND SIGNED MEDICAL ASSESSMENTS NO LATER THAN 11-27-17 TO LPA..	<b>Corrections:</b> Receivied copy of assessment and an explanation regarding the 2nd report. CLEARED. thank You	<b>Clearance Date:</b> 11/17/2017

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 11/17/2017

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**10/26/2017** and conducted by Evaluator Ronda Hollie

**PUBLIC****COMPLAINT CONTROL NUMBER: 02-CC-20171026090147**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	073400647
<b>ADMINISTRATOR:</b>	LINA ARABSHAHI	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>ZIP CODE:</b>	94549
<b>CAPACITY:</b>	32	<b>DATE:</b>	11/02/2017
		<b>TIME VISIT BEGAN:</b>	12:00 PM
<b>MET WITH:</b>	Rosanne Beeman	<b>TIME COMPLETED:</b>	05:00 PM

**ALLEGATION(S):**

1 LICENSE - Facility is operating out of ratio.  
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**INVESTIGATION FINDINGS:**

1 LPA, Hollie, met with owner, Ms. Beeman. A tour was conducted. LPA observed a staff member supervising  
2 napping children in two rooms (5 & 4). The rooms are divided by a wall. The staff member was sitting in the  
3 door way. In the event of an emergency in one room or an incident with a child in another room, the staff  
4 member would have to address either issue leaving the children unattended because lack of staff. Based on  
5 LPA's observation, the preponderance of evidence standard has been met, therefore, the above allegation is  
6 found to be SUBSTANTIATED, CA Code of Regulations. (Title 22, Division 12 and Chapter 3 are being cited  
7 today.  
8  
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**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/02/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/02/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 073400647  
VISIT DATE: 11/02/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/06/2017 Section Cited CCR 10101416.5	<div>1 STAFF INFANT RATIO 101416.5 1AB</div> <div>2 There will be a ratio of one teacher for every</div> <div>3 four infants. There is a fully qualified teacher</div> <div>4 directly supervising no more than 12 infants</div> <div>5 and each aide is responsible for the direct care</div> <div>6 and supervision of no more than four infants.</div> <div>7</div> <div>8 STAFF MEMBER (aide) SUPERVISING NINE</div> <div>9 INFANTS WHILE IN THE MIDDLE OF A</div> <div>10 DOOR WAY BETWEEN TWO CLASSES.</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1 THE LICENSEE WILL COME INTO RATIO BY</div> <div>2 HAVING STAFF IN EACH ROOM BY 11-06-17</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

R Hollie / SEE HANDWRITTEN

DATE: 11/03/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

SEE HANDWRITTEN SIGNATURE

DATE: 11/03/2017



**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**10/26/2017** and conducted by Evaluator Ronda Hollie

**PUBLIC****COMPLAINT CONTROL NUMBER: 02-CC-20171026090147**

**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**ADMINISTRATOR:** LINA ARABSHAH  
**ADDRESS:** 3201 STANLEY BOULEVARD  
**CITY:** LAFAYETTE  
**CAPACITY:** 32

**STATE:** CA  
**CENSUS:** 14  
UNANNOUNCED

**FACILITY NUMBER:** 073400647  
**FACILITY TYPE:** 830  
**TELEPHONE:** (925) 933-6283  
**ZIP CODE:** 94549  
**DATE:** 11/16/2017  
**TIME VISIT BEGAN:** 07:30 AM  
**TIME COMPLETED:** 04:30 PM

**MET WITH:** R. Beeman**ALLEGATION(S):**


1 PERSONAL RIGHTS - Staff inappropriately handles day-care children.  
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**INVESTIGATION FINDINGS:**

1 Licensing Program Analyst, R. Hollie, met with Facility Owner, Ms. Beeman, regarding the above allegation.  
2 LPA toured facility, viewed and obtained records as well as conducted interviews on previous inspection visits.  
3 Although the complainant states that children are picked up by their arms by staff, the investigation did not  
4 determine that occurred, however, the investigation did determine that staff have grabbed children by the arm.  
5 Based on interviews and written evidence obtained during this investigation, the preponderance of evidence  
6 standard has been met, therefore, the allegation that Staff inappropriately handles day-care children, is found  
7 to be SUBSTANTIATED.  
8 VIOLATIONS OF THE CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 12 AND CHAPTER 3  
9 ARE BEING CITED ON THE ATTACHED lic 9099d. TYPE A  
10  
11 Each parent of children in care and future parents for the next one year, must receive a copy of this report and  
12 deficiency notice's citing TYPE A deficiencies. Parents shall sign and LIC 9224 and this form shall be placed in  
13 children's files. APPEAL RIGHTS PROVIDED

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/16/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/16/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 073400647  
VISIT DATE: 11/16/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/17/2017 Section Cited CCR 101223a1	<div>1 101223(a)(1) Personal Rights. Each child</div> <div>2 shall be accorded dignity in his/her personal</div> <div>3 relationships with staff, and other persons.</div> <div>4 STAFF HAVE HANDLED CHILDREN</div> <div>5 ROUGHLY BY GRABBING CHILDREN BY</div> <div>6 THE ARM.</div> <div>7</div> <div>8 FAILURE TO CORRECT WILL RESULT IN A</div> <div>9 \$100 PER DAY CIVIL PENALTY UNTIL</div> <div>10 CORRECTED. REPEAT VIOLATIONS ARE</div> <div>11 \$250 PER VIOLATION AND \$100 PER DAY</div> <div>12 UNTIL CORRECTED.</div> <div>13</div> <div>14</div>	<div>1 The facility staff, including the Owner, will</div> <div>2 review video on Personal Rights of children at</div> <div>3 CCLD.CA.GOV website. The facility will submit</div> <div>4 a written summary of how the facility will</div> <div>5 protect children's personal rights. THE</div> <div>6 WRITTEN SUMMARY WILL BE MAILED NO</div> <div>7 LATER THAN 11-17-17.</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div>
	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>
	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:



DATE: 11/16/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/16/2017

This Notice must be posted for 30 days

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
10/26/2017 and conducted by Evaluator Ronda Hollie

**CONFIDENTIAL****COMPLAINT CONTROL NUMBER: 02-CC-20171026090147**

**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**ADMINISTRATOR:** LINA ARABSHAH  
**ADDRESS:** 3201 STANLEY BOULEVARD  
**CITY:** LAFAYETTE  
**CAPACITY:** 32

**STATE:** CA  
**CENSUS:** 32  
**UNANNOUNCED**

**FACILITY NUMBER:** 073400647  
**FACILITY TYPE:** 830  
**TELEPHONE:** (925) 933-6283  
**ZIP CODE:** 94549  
**DATE:** 11/02/2017  
**TIME VISIT BEGAN:** 12:00 PM  
**TIME COMPLETED:** 05:00 PM

**MET WITH:** Roseanne Beeman

**ALLEGATION(S):**

1 Staff inappropriately handles day-care children.  
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**INVESTIGATION FINDINGS:**

1 LPA, met with Licensee for the purpose of the above allegation and toured facility. Due to insufficient  
2 information available at this time, the above allegation needs further investigation.  
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**Needs Further Investigation****Estimated Days of Completion: 60 days****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/02/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/03/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

CCLD Regional Office  
1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612



11/17/2017

FIRST STEPS LEARNING CENTER  
073400647  
P. O. BOX 695  
LAFAYETTE, CA 94549

**Letter of Deficiency Citations Cleared**

Dear Licensee,

The following deficiencies, initially cited during a visit on 11/02/2017, have been cleared:

<b>Section Cited:</b> 10101416.5	<b>Date Due:</b> 11/06/2017	
<b>Plan of Correction:</b> THE LICENSEE WILL COME INTO RATIO BY HAVING STAFF IN EACH ROOM BY 11-06-17	<b>Corrections:</b> Cleared By Visit During the visit on 11-02-17, the facility came into ratio by having a staff member come back early from lunch. Cleared	<b>Clearance Date:</b> 11/17/2017

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 11/17/2017

CCLD Regional Office  
1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612



11/17/2017

FIRST STEPS LEARNING CENTER  
073400647  
P. O. BOX 695  
LAFAYETTE, CA 94549

**Letter of Deficiency Citations Cleared**

Dear Licensee,

The following deficiencies, initially cited during a visit on 11/16/2017, have been cleared:

<b>Section Cited:</b> 101223a1	<b>Date Due:</b> 11/17/2017	
<b>Plan of Correction:</b> The facility staff, including the Owner, will review video on Personal Rights of children at CCLD.CA.GOV website. The facility will submit a written summary of how the facility will protect children's personal rights. THE WRITTEN SUMMARY WILL BE MAILED NO LATER THAN 11-17-17.	<b>Corrections:</b> Received written response that Personal Rights video was viewed by staff and Owner, CLEARED	<b>Clearance Date:</b> 11/17/2017

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 11/17/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

**FACILITY EVALUATION REPORT**CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

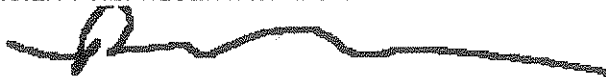
<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	073400647
<b>ADMINISTRATOR:</b>	LINA ARABSHAHI	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>STATE:</b> CA	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b>	32	<b>CENSUS:</b> 15	<b>DATE:</b> 10/27/2017
<b>TYPE OF VISIT:</b>	Case Management	<b>UNANNOUNCED</b>	<b>TIME BEGAN:</b> 08:45 AM
<b>MET WITH:</b>	R. Beeman	<b>TIME COMPLETED:</b>	04:15 PM

**NARRATIVE**

1 LPA, R. Hollie, met with Owner, Ms. Beeman for the purpose of a Case Management  
2 Inspection. Present are 8 staff and 15 children. A tour of the interior and exterior was  
3 conducted.  
4  
5 In reviewing a sampling of children's records, it was revealed that two children did not  
6 have completed and signed physician reports as required.  
7  
8  
9 In touring the facility, LPA noted that the facility is not ensuring that children's authorized  
10 representatives sign children in and out with legal signatures as required.  
11  
12 There was an incident that occurred at the facility on October 5th where a staff member  
13 caused a child to fall and hit the back of his head on the ground and yelled at a child.  
14 Additionally, the facility was visited by the Lafayette Police Department secondary to  
15 receiving a child endangerment report from another agency.  
16  
17  
18 The Owner was informed that she must report unusual incident reports within 24 hours by  
19 phone and within 7 days in writing. Owner stated that she submitted a report this on  
20 10-23 regarding the incident that took place on October 5th and October 20th.  
21 LPA viewed the October 5th Unusual Incident Report, and have found the report lacking in  
22 details of what occurred with the child and the staff member involved. **SEE 809-D**  
23  
24  
25

**SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/27/2017

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/27/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 073400647  
VISIT DATE: 10/27/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/27/2017 Section Cited CCR 101220.a1	<p>101220a1 - CHILDREN'S MEDICAL ASSESSMENTS. Prior to, or within 30 calendar days following the enrollment of a child, the licensee shall obtain a written medical assessment of the child. This medical assessment enables the licensee to assess whether the center can provide necessary health related services to the child. (1) Such assessment shall be performed by, or under the supervision of, a licensed physician, and shall not be more than one year old when obtained.</p> <p>In reviewing records, LPA observed two children that do not have physician reports in file completed and signed by a physician,</p>	<p>THE FACILITY WILL SUBMIT A COPY OF COMPLETED AND SIGNED MEDICAL ASSESSMENTS NO LATER THAN 11-27-17 TO LPA..</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:



DATE: 10/27/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/27/2017

**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 073400647  
VISIT DATE: 10/27/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/31/2017 Section Cited CCR 1012261b	<p>1 SIGN IN AND OUT 101229.1a--In addition to 2 the sign-in procedure requirement of Section 3 101226.1(b), the licensee shall develop, 4 maintain, and implement a written procedure to 5 sign the child in/out of the child care center that 6 shall, at a minimum, include the following: 7 (1)The person who signs the child in/out shall 8 use his/her full legal signature and shall record 9 the time of day.</p> <p>8 The Facility is not ensuring that parents sign 9 children in and out with legal signatures.</p>	<p>1 THE FACILITY WILL SUBMIT IN WRITING 2 HOW THEY WILL ENSURE THAT PARENTS 3 WILL SIGN CHILDREN IN AND OUT WITH 4 LEGAL SIGNATURES.</p>
Type B 10/31/2017 Section Cited CCR 1101212a,d	<p>1 101212(d) Reporting Requirements. A report 2 shall be made to the Department within 24 3 hours of the occurrence of any unusual incident 4 as specified. Any unusual incident or child 5 absence that threatens the physical or 6 emotional health or safety of any child.</p> <p>8 An Incident occured at the facility where a staff 9 member caused a child to fall and hit his head 10 and raised their voice at child. The local Police 11 Department conducted and 12 Inspection/Interview with staff based on a 13 alert/concern called in from another agency.</p>	<p>1 THE FACILITY WILL SUBMIT IN WRITING 2 NO LATER THAN OCTOBER 31, 2017, AN 3 UNUSUAL INCIDENT REPORT DETAILING 4 EXACTING WHAT OCCURED WITH THE 5 CHILD AND STAFF MEMBER WHERE A 6 CHILD HIT THEIR HEAD. THE FACILITY 7 WILL REPORT INCIDENTS TIMELY AS 8 REQUIRED.</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:



DATE: 10/27/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/27/2017



## All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION

### CLEARED DEFICIENCIES

CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

VISIT DATE: 10/27/2017

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
11/27/2017 101220.a1	<div>1</div> <div>2</div> <div>3 THE FACILITY WILL SUBMIT A COPY OF COMPLETED</div> <div>4 AND SIGNED MEDICAL ASSESSMENTS NO LATER THAN</div> <div>5 11-27-17 TO LPA..</div> <div>6</div> <div>7</div>	<div>11/17/2017</div> <div>1 Recevied copy of assessment and an</div> <div>2 explanation regarding the 2nd report.</div> <div>3 CLEARED. thank You</div> <div>4</div>
	<div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div>
Section Cited	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div>
Section Cited	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div>

## All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION

### CLEARED DEFICIENCIES

CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

VISIT DATE: 10/27/2017

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
10/31/2017 1012261b	<p>1</p> <p>2</p> <p>3 THE FACILITY WILL SUBMIT IN WRITING HOW THEY WILL</p> <p>4 ENSURE THAT PARENTS WILL SIGN CHILDREN IN AND</p> <p>5 OUT WITH LEGAL SIGNATURES.</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	<p>1</p> <p>2</p> <p>3 11/02/2017</p> <p>4 Cleared By Visit correction made</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
10/31/2017 Section Cited 1101212a,d	<p>1</p> <p>2 THE FACILITY WILL SUBMIT IN WRITING NO LATER THAN</p> <p>3 OCTOBER 31, 2017, AN UNUSUAL INCIDENT REPORT</p> <p>4 DETAILING EXACTING WHAT OCCURED WITH THE CHILD</p> <p>5 AND STAFF MEMBER WHERE A CHILD HIT THEIR HEAD.</p> <p>6 THE FACILITY WILL REPORT INCIDENTS TIMELY AS</p> <p>7 REQUIRED.</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	<p>1</p> <p>2</p> <p>3 11/02/2017</p> <p>4 Cleared By Visit correction made</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>

CCLD Regional Office  
1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612



01/24/2017

FIRST STEPS LEARNING CENTER  
073400647  
P. O. BOX 695  
LAFAYETTE, CA 94549

**Letter of Deficiency Citations Cleared**

Dear Licensee,

The following deficiencies, initially cited during a visit on 01/19/2017, have been cleared:

**Section Cited:** 101429(a)(1)**Date Due:** 01/26/2017**Plan of Correction:**

POC: By 1/26/17, a written plan of action will be sent to Licensing detailing steps staff will take to ensure infants are under direct visual observation and supervision at all times.

**Corrections:**

Cleared

**Clearance Date:**

01/19/2017

**LICENSING EVALUATOR NAME:** Dayna Collier**TELEPHONE:** 510-725-7021**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/24/2017**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

**Collier, Dayna@DSS**

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**From:** linajaan1980@gmail.com  
**Sent:** Thursday, January 19, 2017 4:49 PM  
**To:** Collier, Dayna@DSS  
**Subject:** Fixing unsupervised during nap

Dear Dayna Collier:

My name is Lina Arabshahi director of First steps Learning Center. I'm emailing you this document about today's visits regarding a complain about unsupervised during nap time. As I promised that I fix this problem today and I'm going to fix it in the future too.

Lina Arabshahi.  
1-19-2017

Sent from my iPhone

**Collier, Dayna@DSS**

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**From:** roseann.beeman@comcast.net  
**Sent:** Monday, January 23, 2017 12:21 PM  
**To:** Collier, Dayna@DSS  
**Subject:** Fwd: Complaint at First Steps Learning Center 1/20/17- written plan of correction 1/23/17  
**Attachments:** IMG\_0374.JPG

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**From:** "roseann beeman" <[roseann.beeman@comcast.net](mailto:roseann.beeman@comcast.net)>  
**To:** "Dayna collier" <[Dayna.collier@dss.ca.gov](mailto:Dayna.collier@dss.ca.gov)>  
**Sent:** Monday, January 23, 2017 11:57:59 AM  
**Subject:** Fwd: Complaint at First Steps Learning Center 1/20/17- written plan of correction 1/23/17

Dear Ms. Collier,

Attached please find copy of picture taken on 1/23/17 of First Steps infant nap room. The doorway built over the past weekend will ensure that all napping infants will be constantly supervised and under direct visual and physical supervision by a staff person at all times. Prior to the new doorway installation the infants were observed through a window. You were advised on 1/20 by Director Lina Arbashahi that the deficiency was corrected. Please note proof of correction.  
Thank You, Roseann Beeman, Administrator First Steps Learning Center

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**From:** "Roseann Beeman" <[roseann.beeman@comcast.net](mailto:roseann.beeman@comcast.net)>  
**To:** "roseann beeman" <[roseann.beeman@comcast.net](mailto:roseann.beeman@comcast.net)>  
**Sent:** Monday, January 23, 2017 11:29:02 AM

[image/jpeg:IMG\_0374.JPG]

Sent from my iPhone



**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**01/11/2017** and conducted by Evaluator Dayna Collier

**PUBLIC****COMPLAINT CONTROL NUMBER: 02-CC-20170111150256**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	073400647
<b>ADMINISTRATOR:</b>	LINA ARABSHAH	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>STATE:</b>	CA
<b>CAPACITY:</b>	32	<b>ZIP CODE:</b>	94549
		<b>CENSUS:</b>	25
		<b>UNANNOUNCED</b>	
<b>MET WITH:</b>	Lina Arabshahi	<b>DATE:</b>	01/19/2017
		<b>TIME VISIT BEGAN:</b>	11:15 AM
		<b>TIME COMPLETED:</b>	01:00 PM

**ALLEGATION(S):**

1 LACK OF SUPERVISION: Infants are unsupervised during nap time

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**INVESTIGATION FINDINGS:**

1 LPA Dayna Collier met with Center Director Lina Arabshahi for a complaint investigation regarding the above  
2 allegation. During the course of the investigation, interviews were conducted. It was alleged that infants were  
3 unsupervised in the nap room. Interviews disclosed that there is a staff member who supervises infants in the  
4 nap room. However, the staff member will stand near the window to supervise both napping rooms. The staff  
5 member will physically supervise one room of napping children while looking through the window to supervise  
6 the other napping children in the next room. Staff were informed that caring for a sleeping infant through a  
7 window does not meet the requirements of providing direct visual observation and of never leaving an infant  
8 unattended.  
9 Based on the LPA's observations and interviews which were conducted and record review(s), the  
10 preponderance of evidence standard has been met. Therefore, the above allegation is found to be  
11 **SUBSTANTIATED.** California Code of Regulations, (Title 22, Division & Chapter Number 101429(a)(1), are  
12 being cited on the attached LIC 9099D.  
13 See 9099c attached.

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Dayna Collier**TELEPHONE:** 510-725-7021**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/19/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/19/2017

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY NUMBER: 073400647  
VISIT DATE: 01/19/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 01/26/2017 Section Cited 101429(a)(1)	<p>101429 Responsibility for Providing Care and Supervision for Infants</p> <p>(a) In addition to Section 101229, the following shall apply:</p> <p>(1) Each infant shall be constantly supervised and under direct visual observation and supervision by a staff person at all times. Under no circumstances shall ANY infant be left unattended.</p> <p>TODAY AN IMMEDIATE CIVIL PENALTY OF \$150 IS ASSESSED BECAUSE STAFF ARE SUPERVISING SLEEPING INFANTS BY WATCHING THROUGH A WINDOW. THE CIVIL PENALTY WILL CONTINUE AT \$150 PER DAY UNTIL CORRECTED.</p>	<p>POC: By 1/26/17, a written plan of action will be sent to Licensing detailing steps staff will take to ensure infants are under direct visual observation and supervision at all times.</p>

DATE: 01/19/2017

DATE: 01/19/2017



## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

VISIT DATE: 01/19/2017

### NARRATIVE

1 The attached type B deficiency is cited today and must be corrected by the due date. An exit interview was  
2 conducted and the facility report was discussed with director. Licensee was provided a copy of their appeal  
3 rights (LIC 9058 12/15) and their signature on this form acknowledges receipt of these rights.  
4

5 A site visit notice was posted during the visit.  
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SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Dayna Collier

TELEPHONE: 510-725-7021

LICENSING EVALUATOR SIGNATURE:



DATE: 01/19/2017

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/19/2017

CCLD Regional Office  
1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612



10/10/2016

FIRST STEPS LEARNING CENTER  
073400647  
P. O. BOX 695  
LAFAYETTE, CA 94549

**Letter of Deficiency Citations Cleared**

Dear Licensee,

The following deficiencies, initially cited during a visit on 07/25/2016, have been cleared:

<b>Section Cited:</b> 101216g2	<b>Date Due:</b> 08/25/2016	
<b>Plan of Correction:</b> The facility will submit current health screenings for the two staff members no later than August 25, 2016	<b>Corrections:</b> Cleared By Visit Reviewed health screenings cleared	<b>Clearance Date:</b> 10/10/2016
<b>Section Cited:</b> 101239f1	<b>Date Due:</b> 08/05/2016	
<b>Plan of Correction:</b> The center will continue not to place infants on the swing set until the equipment is securely anchored and does not move about when lightly shaken. The center will repair or replace the swing set no later than August 5th and submit in writing to LPA what was done with the swing set.	<b>Corrections:</b> Cleared By Visit Infant swing removed cleared	<b>Clearance Date:</b> 10/10/2016
<b>Section Cited:</b> 101216f	<b>Date Due:</b> 08/25/2016	
<b>Plan of Correction:</b> The facility will submit a current CPR/FA certificate of a staff member who will be present when children are in care, including at opening and closing no later than AUGUST 25, 2016.	<b>Corrections:</b> Cleared By Visit CPR/FA reviewed cleared	<b>Clearance Date:</b> 10/10/2016

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 10/10/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

**FACILITY EVALUATION REPORT**CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**ADMINISTRATOR:** LINA ARABSHAHI  
**ADDRESS:** 3201 STANLEY BOULEVARD  
**CITY:** LAFAYETTE  
**CAPACITY:** 32  
**TYPE OF VISIT:** POC  
**MET WITH:** Ms. Arabshahi

**FACILITY NUMBER:** 073400647  
**FACILITY TYPE:** 830  
**TELEPHONE:** (925) 933-6283  
**STATE:** CA  
**ZIP CODE:** 94549  
**CENSUS:** 18  
**UNANNOUNCED**  
**DATE:** 10/10/2016  
**TIME BEGAN:** 11:45 AM  
**TIME COMPLETED:** 03:50 PM

**NARRATIVE**

1 LPA, Hollie met with Assistant Director to conduct a Plan of Correction visit. LPA viewed the corrections and  
2 the following items have been cleared.  
3  
4 1. Health Histories are in file for 2 staff.  
5  
6 2. The infant slide has been removed.  
7  
8 3. Staff present have current CPR/FA.  
9  
10 All deficiencies cited on July 25, 2016 are cleared.  
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**SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 10/10/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/10/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

CCLD Regional Office  
1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612



07/25/2016

FIRST STEPS LEARNING CENTER  
073400647  
P. O. BOX 695  
LAFAYETTE, CA 94549

**Letter of Deficiency Citations Cleared**

Dear Licensee,

The following deficiencies, initially cited during a visit on 07/25/2016, have been cleared:

<b>Section Cited:</b> 101229a1	<b>Date Due:</b> 07/26/2016	
<b>Plan of Correction:</b> The facility will provide a written summary on how they will insure children are not left without supervision in the future by 07-26-16	<b>Corrections:</b> Cleared By Visit The correction was made during the visit.	<b>Clearance Date:</b> 07/25/2016
<b>Section Cited:</b> HSC 1596.99c2	<b>Date Due:</b> 07/26/2016	
<b>Plan of Correction:</b> The facility will submit a written summary on how they will insure children are not left without visual supervision by 07-26-16. The facility will immediately insure that children are visually supervised at all times.	<b>Corrections:</b> Cleared By Visit The correction was made during the visit.	<b>Clearance Date:</b> 07/25/2016

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 07/25/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

**Hollie, Ronda@DSS**

---

**From:** roseann.beeman@comcast.net  
**Sent:** Monday, July 25, 2016 6:55 PM  
**To:** Hollie, Ronda@DSS  
**Subject:** First Steps Learning Center plan of correction for a Type A violation 7/25/16

Ms. Hollie,

We will insure that all infants will be supervised at naptime by moving our Assistant Director Mary Lou Naraja into the Tiny Toy classroom. Ms. Naraja will make certain that a Teacher/ Aide is present **inside** the nap room whenever a child is napping. At no time will a child be unattended at our facility.

Thank you for your visit today, Roseann Beeman

**COMPLAINT INVESTIGATION REPORT**CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**07/18/2016** and conducted by Evaluator Ronda Hollie

**PUBLIC****COMPLAINT CONTROL NUMBER: 02-CC-20160718112109**

**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**ADMINISTRATOR:** LINA ARABSHAHI  
**ADDRESS:** 3201 STANLEY BOULEVARD  
**CITY:** LAFAYETTE  
**CAPACITY:** 32

**STATE:** CA  
**CENSUS:** 15  
**UNANNOUNCED**

**FACILITY NUMBER:** 073400647  
**FACILITY TYPE:** 830  
**TELEPHONE:** (925) 933-6283  
**ZIP CODE:** 94549  
**DATE:** 07/25/2016  
**TIME VISIT BEGAN:** 08:40 AM  
**TIME COMPLETED:** 04:15 PM

**MET WITH:** Roseann Beeman**ALLEGATION(S):**

- 1 Children left unsupervised
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

**INVESTIGATION FINDINGS:**

- 1 Licensing Program Analyst (LPA) R. Hollie, conducted an unannounced complaint inspection and met with
- 2 Assistant Director, Ms. Manalastas and Owner, Roseanne Beeman, to discuss the above allegation. The LPA
- 3 toured the facility, reviewed facility records and conducted interviews with staff.
- 4 Upon entry to the facility, LPA observed a staff member in the second baby room, sitting on the floor next to the
- 5 closed accordion door/wall, with an infant in her lap. Another staff member was also in the room and this staff
- 6 member went over to accordion door/wall and opened the door wider. LPA conducted a tour of the rooms. The
- 7 staff stated that a baby was just put down to sleep behind the accordion door. LPA observed a baby in the
- 8 room attempting to fall asleep. The staff member sitting outside of the closed, door/wall, was not and could not
- 9 properly provide supervision.
- 10 Based on interviews and LPA's observation, the evidence obtained, the preponderance of evidence standard
- 11 has been met, therefore, the above allegation is found to be SUBSTANTIATED. Violations of the California
- 12 Code of Regulations, Title 22, Division 12 and Chapter 3 are being cited on the attached LIC 9099d.
- 13 PLEASE SEE 9099 C FOR CONTINUED REPORT.

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/25/2016

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/25/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 073400647  
VISIT DATE: 07/25/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/26/2016 Section Cited 101229a1	<p>1 RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION 101429(a)(1) In addition to Section 101229, the following shall apply:(1) Each infant shall be constantly supervised and under direct visual observation and supervision by a staff person at all times. Under no circumstances shall ANY infant be left unattended. An infant was left alone in a room and not being visually supervised by staff.</p>	<p>1 The facility will provide a written summary on how they will insure children are not left without supervision in the future by 07-26-16</p>
Type A 07/26/2016 Section Cited HSC 1596.99c2	<p>1 HEALTH AND SAFETY SECTION 1596.99C2 2 Absence of supervision, including but not limited to a child left unattended. An infant was left without visual supervision today. 3 4 The facility will receive a civil penalty assessment of an immediate \$150 and \$150 per day until the facility indicates that the deficiency is corrected. 5 6 7</p>	<p>1 The facility will submit a written summary on how they will insure children are not left without visual supervision by 07-26-16. The facility will immediately insure that children are visually supervised at all times. 2 3 4 5 6 7</p>
	<p>1 2 3 4 5 6 7</p>	<p>1 2 3 4 5 6 7</p>
	<p>1 2 3 4 5 6 7</p>	<p>1 2 3 4 5 6 7</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

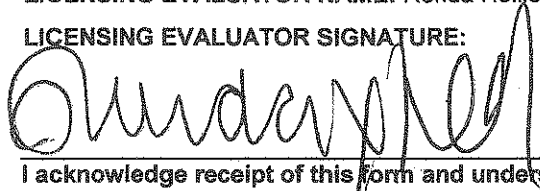
SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:



DATE: 07/25/2016

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/25/2016

This Notice must be posted for 30 days

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

VISIT DATE: 07/25/2016

### NARRATIVE

1 The Licensee acknowledges, that for **TYPE A DEFICIENCIES ONLY** upon receipt, the licensee shall post the  
2 LIC 9099D with type A deficiencies for 30 days and provide copies of this licensing report to  
3 parents/guardians of children in care at the facility and to parents/guardians of children newly enrolled at the  
4 facility during the next 12 months. The LIC 9224 must be signed by parents/guardians and kept with the  
5 children's forms as a receipt whenever any Type A documents are provided by the licensee. A copy of the  
6 LIC 9224 was given to licensee at the time of inspections.  
7

8 An exit interview was conducted and where the citation and plan of correction were discussed. Appeal rights  
9 were given and explained to the licensee's representative. A Notice of Site Visit was posted during this  
10 inspection.  
11  
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32

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 07/25/2016

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/25/2016



opens Mary Hob  
Closes by Kelsie

ILITY VISIT CHECKLIST  
LD CARE CENTERS AND INFANT CENTERS

Review facility file prior to visit. Check to see that the following information has been updated, if required, and contained in the file. Indicate the date the information was submitted to the licensing agency in the space provided for each item requested.

First steps- 073400647	LICENSE ANNIVERSARY DATE	ON FILE	DATE REQUESTED	DATE RECEIVED
Application Information (LIC 215)				
Criminal Record Clearance and Child Abuse Index Checks (LIC 198) (updated for current staff subject to fingerprint requirements)				
Licensee Affidavit Regarding Persons Exempt From Fingerprint Requirements (if not on license 500)				
Administrative Organization (LIC 309)*				
Estimated Monthly Operating Budget (LIC 401), Budget Information (LIC 420), Financial Statement and Information (LIC 403, LIC 404)		✓		
Articles of Incorporation, Constitution and Bylaws (if applicable)				
Partnership Agreement (if applicable)				
Signature of Administrative Responsibility (LIC 308)*	most current dated 6/16			
Personnel Report (LIC 500) Updated*	Rec'd NEED most current any new staff Rec'd			
Facility Floor/Plot Plan (LIC 999)				
Certification of Qualifications of Facility Director	Marylou Manalastas			as hired on 7/31
Emergency Disaster Plan (LIC 610)				
Seismic and Fire Drills (every 6 months)	Discuss Viewed			
Hours of Operation	IMS view files none			
Admissions Policies and Procedures/Fee Schedule		in file		
Health Screening Report - Facility Personnel (LIC 503)				
Emergency Activity Schedule				
Criminal Clearance (consistent with terms and limitations of license)				
Microbiological Analysis of Private Water Supply (if applicable)				
License Fee Received		✓		

NOTES AND COMMENTS

SEE Carbon Monoxide	YES	DATE REVIEWED
TE: PROFILE	ASSOCIATIONS	
FACILITY SKETCH	LIS	
PENALTIES: AMOUNT OWED	PAYMENTS CURRENT	

PENALTIES CITED THIS VISIT: TYPE A TYPE B

DEFICIENCIES WITHIN 12 MONTHS -CIVIL PENALTIES	
PAST THREE YEARS OF DEFICIENCIES:	
3/15 Random 809-D sign in/out	
2014 1 staff w/infants	
2014 infants left unattended in cribs	
2014 NO transfer of pills	
ENTRIES	

CPR/FA - 0  
NO Hth Hx 5 & 57  
Swing set anchoring

\*Other verifying documents may be substituted for these LIC forms

**FACILITY EVALUATION REPORT****FACILITY NAME:** FIRST STEPS LEARNING CENTER**ADMINISTRATOR:** LINA ARABSHAHI**ADDRESS:** 3201 STANLEY BOULEVARD**CITY:** LAFAYETTE**CAPACITY:** 32**TYPE OF VISIT:** Annual/Random**MET WITH:** Roseann Beeman**FACILITY NUMBER:** 073400647**FACILITY TYPE:** 830**TELEPHONE:** (925) 933-6283**ZIP CODE:** 94549**DATE:** 07/25/2016**TIME BEGAN:** 02:00 PM**TIME COMPLETED:** 04:30 PM**NARRATIVE**

1 3-LPA, Hollie met with Owner, Ms. Beeman and Asst Director, Ms. Manalastas for the  
 2 purpose of a Random Health and Safety Inspection. A tour of the facility was conducted.  
 3 There are no bodies of water or fire arms at the facility, per the Owner. Disinfectants,  
 4 cleaning solutions, poisons and other items that are dangerous to children are inaccessible  
 5 during this visit. Furniture and equipment are age appropriate and appear to be in good  
 6 condition, free from sharp, loose, pointed parts or small choking articles. The surface of  
 7 the outdoor activity space is free of hazards. All storage containers for solid waste,  
 8 (garbage bins) have tight fitting covers that are kept on and in good repair. There is  
 9 cushioning material under anchored play structures. The licensee takes measures to keep  
 10 the facility free of flies, other insects and rodents. The facility has age-appropriate furniture  
 11 and equipment including but not limited to cribs, cots or mats; changing tables and feeding  
 12 chairs. The licensee is aware that baby walkers, bouncers, exersaucers and jumpers are  
 13 not allowed in licensed care. The facility has sufficient infant napping equipment that  
 14 meets Title 22 Regulation 101439.1(a)-(f). The facility has indoor space for infants. The  
 15 child care center appears to be in good condition that ensures the safety and well-being of  
 16 children, employees and visitors.  
 17  
 18  
 19  
 20  
 21

**SEE 809-C FOR CONTINUED REPORT****SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/25/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/25/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** FIRST STEPS LEARNING CENTER**FACILITY NUMBER:** 073400647**VISIT DATE:** 07/25/2016**NARRATIVE**

1 The facility has a functioning carbon monoxide detector. Bottles, dishes and containers of  
2 food brought by the infants authorized representative are labeled with the infants name  
3 and current date. While in use, the infant changing tables are placed within arms reach of  
4 a sink.  
5  
6

7 The facility is in compliance today with the staff-infant ratio of one teacher for every four  
8 infants in attendance. THE LICENSEE WAS PROVIDED A COPY OF THEIR APPEAL  
9 RIGHTS (LIC 9058 12/15) AND THEIR SIGNATURE ON THIS FORM ACKNOWLEDGES  
10 RECEIPT OF THESE RIGHTS. LPA POSTED THE REQUIRED POSTINGS FOR PUBLIC  
11 VIEWING  
12  
13

14 The licensee is not providing IMS (Incidental Medical Services) at this time. Licensee will submit an  
15 updated plan of operation if in the future; they provide any IMS services to a child in care. The  
16 licensee was encouraged to log onto to our website at CCLD.CA.GOV for the details of what is  
17 required if the licensee cares for children who require Epi Pens, Inhalers and Glucose Monitoring.  
18  
19

20 Licensee was reminded that anyone employed at the facility must be fingerprint cleared  
21 prior to being in the presence of children, or an immediate civil penalty can be assessed.  
22 Also discussed during the visit was the following: nutrition education; the new appeal  
23 process and documents to be provided to parents/legal guardians. Licensee was  
24 encouraged to frequently visit our website at WWW.CC.D.CA.GOV for licensing  
25 regulations and updates. Assembly Bill 633 Fact Sheet was given and discussed with the  
26 Licensee.  
27  
28

29 Notice of site visit was posted at the time of the inspection and must remain posted for 30  
30 days.  
31  
32

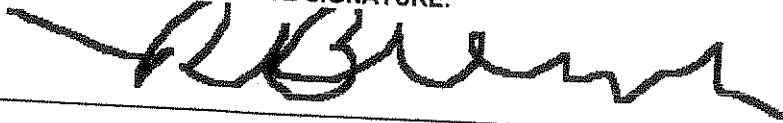
PLEASE SEE 809-D FOR TYPE B DEFICIENCIES.

**SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:**



I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/25/2016

**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 073400647  
VISIT DATE: 07/25/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/25/2016 Section Cited 101216g2	1 PERSONNEL REQUIREMENTS 2 ALL PERSONNEL INCLUDING THE LICENSEE 3 SHALL HAVE A HEALTH-SCREENING REPORT, 4 INCLUDING SPECIFIED INFORMATION, SIGNED 5 BY THE PERSON WHO PERFORMED IT. 6 There are two staff members who do not have 7 Health Screenings on file.	1 The facility will submit current health screenings for 2 the two staff members no later than August 25, 3 2016 4 5 6 7
Type B 08/05/2016 Section Cited 101239f1	1 FIXTURES, FURNITURE, EQUIPMENT AND 2 SUPPLIES. FURNITURE AND EQUIPMENT 3 SHALL BE IN GOOD CONDITION, FREE OF 4 SHARP, LOOSE OR POINTED PARTS. 5 The swing set that the infants use is not securely 6 anchored and the structure moves about when 7 lightly shaken. The center is not currently using the swingset.	1 The center will continue not to place infants on the 2 swing set until the equipment is securely anchored 3 and does not move about when lightly shaken. The 4 center will repair or replace the swing set no later 5 than August 5th and submit in writing to LPA what 6 was done with the swing set. 7
Type B 08/25/2016 Section Cited 101216f	1 PERSONNEL REQUIRMENTS 2 AT LEAST ONE PERSON TRAINED IN CPR AND 3 PEDIATRIC FIRST AID SHALL BE PRESENT 4 WHEN CHILDREN ARE AT THE FACILITY OR 5 OFFSITE ACTIVITIES. 6 In reviewing staff files, there are no staff that have 7 current CPR/FA.	1 The facility will submit a current CPR/FA certificate 2 of a staff member who will be present when 3 children are in care, including at opening and 4 closing no later than AUGUST 25, 2016. 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Zakiya Ali

TELEPHONE: (510) 622-2592

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 07/25/2016

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/25/2016

Infant

FACILITY VISIT CHECKLIST  
CHILD CARE CENTERS AND INFANT CENTERS

Review facility file prior to visit. Check to see that the following information has been updated, if required, and contained in the file. Indicate the date the information was submitted to the licensing agency in the space provided for each item requested.

FIRST STEPS Living CTM	LICENSE ANNIVERSARY DATE	ON FILE	DATE REQUESTED	DATE RECEIVED
Application Information (LIC 215)				
Criminal Record Clearance and Child Abuse Index Checks (LIC 198) (updated for current staff subject to fingerprint requirements)				
Licensee Affidavit Regarding Persons Exempt From Fingerprint Requirements (if not on LIC 500)				
Administrative Organization (LIC 309)*				
Estimated Monthly Operating Budget (LIC 401), Budget Information (LIC 420), Financial Statement and Information (LIC 403, LIC 404)				
Articles of Incorporation, Constitution and Bylaws (if applicable)				
Partnership Agreement (if applicable)				
Designation of Administrative Responsibility (LIC 308)*				
Personnel Report (LIC 500) Updated*				
Facility Floor/Plot Plan (LIC 999)				
Verification of Qualifications of Facility Director				
Emergency Disaster Plan (LIC 610)				
Disaster and Fire Drills (every 6 months)				
Plan of Operation				
Admissions Policies and Procedures/Fee Schedule				
Health Screening Report - Facility Personnel (LIC 503)				
Daily Activity Schedule				
Fire Clearance (consistent with terms and limitations of license)				
Bacteriological Analysis of Private Water Supply (if applicable)				
License Fee Received				

LIC 9224's inf file

VIEW  
DISCUSS

INFILE  
✓ / N/A

NOTES AND COMMENTS

LICENSEE	DATE REVIEWED
DATE :	PROFILE
LL	ASSOCIATIONS
FACILITY SKETCH	LIS
CIVIL PENALTIES:	PAYMENTS CURRENT

CIVIL PENALTIES CITED THIS VISIT:	TYPE A	TYPE B
-----------------------------------	--------	--------

DEFICIENCIES WITHIN 12 MONTHS -CIVIL PENALTIES

PAST THREE YEARS OF DEFICIENCIES:

7/14- sub- back of sup ① TR 6 infants, inconclude infants alone in cribs/naps  
c/p ISO 2nd violation  
ISO c/p NO AEs.

REMARKS

**FACILITY EVALUATION REPORT**

**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**ADMINISTRATOR:** LINA ARABSHAHI  
**ADDRESS:** 3201 STANLEY BOULEVARD  
**CITY:** LAFAYETTE  
**CAPACITY:** 32  
**TYPE OF VISIT:** Annual/Random  
**MET WITH:** Lina Arabshai

**FACILITY NUMBER:** 073400647  
**FACILITY TYPE:** 830  
**TELEPHONE:** (925) 933-6283  
**ZIP CODE:** 94549  
**DATE:** 03/25/2015  
**TIME BEGAN:** 08:45 AM  
**TIME COMPLETED:** 12:20 PM

**NARRATIVE**

1 1 LPA, Hollie, met with Licensee for the purpose of an Annual Health and Safety Inspection. Present today  
2 are 11 staff and 29 children. A tour of the facility was conducted. Per the Director there are no Zero  
3 Tolerance items on the premises such as fire arms or bodies of water. Disinfectants, cleaning solutions,  
4 poisons and other items that are dangerous to children are inaccessible during this visit. Medications are kept  
5 in a safe place and inaccessible to children. the facility has age appropriate furniture equipment appear that  
6 appears to be to be in good condition and free of sharp, loose or pointed parts. Changing tables and feeding  
7 chairs meet Title 22 Requirements. The facility has indoor activity and outdoor space for infants. The play  
8 yard continues to be fenced with moveable play equipment which appears to be clean, safe free of sharp,  
9 loose or pointed parts and age appropriate.  
10 All forms are posted. Staff files were reviewed as well as a sampling of children's files.  
11 During the review of children's LPA noticed that there were no Acknowledgement of Receipt of Licensing  
12 Reports (LIC 9224). The Director and owner stated that they provided parents a copy of the report as well as  
13 the LIC9224's to sign and sent them to the Analyst that came to their facility. The Licensee stated they were  
14 not instructed to place them in the children's files. The facility made a list of each child's parents that received  
15 the LIC 9224's. The facility provided this information to me. A review of the previous visit does not instruct  
16 the facility to place the LIC 9224's in the file of the children. LPA will not issue a deficiency notice today  
17 regarding the Acknowledgement forms. LPA instructed the facility that from today until July 2015, they must  
18 provide any new parents a copy of the report and have parents sign the LIC 9224's and place in children's  
19 files.  
20  
21 LPA viewed the sign in and sign out and noticed that parents are not using legal signatures.  
22 See 809-d Type B for deficiencies.  
23  
24  
25 THIS REPORT MUST REMAIN ON FILE FOR 3 YEARS. EXIT INTERVIEW CONDUCTED AND APPEAL  
RIGHTS PROVIDED SITE VISIT NOTICE GIVEN AND MUST REMAIN POSTED FOR 30 DAYS.

**SUPERVISOR'S NAME:** Zakiya Ali**TELEPHONE:** (510) 622-2592**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/25/2015

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/25/2015

This report must be available at Child Care and Group Home facilities for public review for 3 years.

**- HEALTH AND HUMAN SERVICES AGENCY**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 073400647  
**VISIT DATE:** 03/25/2015

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/27/2015 Section Cited 101229.1a1	<p>1 In addition to the sign-in procedure requirement of</p> <p>2 Section 101226.1(b), the licensee shall develop,</p> <p>3 maintain, and implement a written procedure to</p> <p>4 sign the child in/out of the child care center that</p> <p>5 shall, at a minimum, include the following: (1)</p> <p>6 The person who signs the child in/out shall</p> <p>7 use his/her full legal signature and shall record the</p> <p>time of day. Legal/full signatures are not being</p> <p>used.</p>	<p>1 The facility will implement a written procedure to</p> <p>2 ensure that authorized representative are using full</p> <p>3 legal signatures. A copy of the procedure will be</p> <p>4 mailed to LPA by March 27, 2015</p>
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

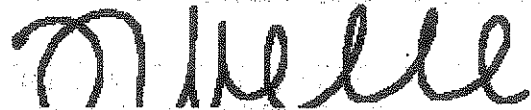
**SUPERVISOR'S NAME:** Zakiya Ali

**TELEPHONE:** (510) 622-2592

**LICENSING EVALUATOR NAME:** Ronda Hollie

**TELEPHONE:** (510) 725-7004

**LICENSING EVALUATOR SIGNATURE:**



**DATE:** 03/25/2015

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/25/2015



CCLD Regional Office  
1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612



04/07/2015

FIRST STEPS LEARNING CENTER  
073400647  
P. O. BOX 695  
LAFAYETTE, CA 94549

**Letter of Deficiency Citations Cleared**

Dear Licensee,

The following deficiencies, initially cited during a visit on 03/25/2015, have been cleared:

<b>Section Cited:</b> 101229.1a1	<b>Date Due:</b> 03/27/2015	
<b>Plan of Correction:</b> The facility will implement a written procedure to ensure that authorized representative are using full legal signatures. A copy of the procedure will be mailed to LPA by March 27, 2015	<b>Corrections:</b> REC'D COPY OF PROCEDURE FOR SIGN IN AND OUT. CLEARED	<b>Clearance Date:</b> 04/07/2015

LICENSING EVALUATOR NAME: Ronda Hollie

TELEPHONE: (510) 725-7004

LICENSING EVALUATOR SIGNATURE:

DATE: 04/07/2015

March 26, 2015

Dear Ms. Hollie,

Enclosed please find transcripts for Shavon McDaniels and the letter asking parents to comply with regulations regarding Sign In/Out procedures at First Steps Learning Center facility # 073400647.

Please let us know if there is anything else you need .

Regards,

Roseann Beeman & Lina Arbashahi

Parents received a copy of the letter and it is posted on Sign IN SHEET next to posting of winning visit on 3/25/15

Home &gt; Student &gt; WebAdvisor

## Transcript

1200235 Shavon McDaniels

Course/Section and Title	Grade	Credits	CEUs	Repeat	Term
ECHD-121 1370 Development of the Young Child	B	3.00 ✓			2012FA
ECHD-220 3233 Child, Family and Community	B	3.00 ✓			2012FA
ECHD-150 4230 Infant Care & Development	C	3.00 ✓			2010FA
ECHD-120 6999 Intro to Early Childhood Ed	C	3.00 ✓			2010FA
PE-098 3621 Personal Growth in Fitness	NP	0.00			2010FA
ECHD-099 3102 Occupational Work Experience	F	0.00			2010SP
ASTRO-120 4994 Elementary Astronomy	W	0.00			2009FA
GEOG-120 1047 Physical Geography	C	3.00			2009FA
HIST-122 3573 Hist African Americans in U.S.	W	0.00			2009FA
POLSC-125 0875 Government of the United State	W	0.00			2009FA
MATH-118 1522 Elementary Algebra	W	0.00			2008FA
PSYCH-220 6821 General Psychology	W	0.00			2008FA

Total Earned Credits 12.00

Total Grade Points 30.00

Cumulative GPA 2.308

OK

March 25, 2015

Dear Parents,

We had our annual Licensing visit today and are pleased to report no deficiencies. The Analyst did warn that our Sign In/Out process is not being done according to policy. We would appreciate your help to keep us in compliance: It is imperative that you sign your child IN and Out with the time of day in the small box and AND first initial of your first name and complete last name in the larger box. We have made the sign in sheet as large as our program will allow and understand that the boxes are not very big. However, if we do not comply we are liable to receive a penalty of \$100/incorrect signage. We don't want to penalize anyone so please sign in and out using the correct procedure.

Thanks for your cooperation.

# CIVIL PENALTY

- ☒ PAID 😊 8/29/14
- ☐ WAIVED/DISMISSED
- ☐ REDUCED
- ☐ DUE (SEE CHERYL)
- ☐ TAX OFFSET

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICE  
COMMUNITY CARE LICENSING DIVISION

RECEIPT NO: R02-000292504  
DATE ISSUED: 08/29/2014  
OFFICE: 02

CASH STATE RECEIPT FOR FEE TYPE PAID: **CIVIL PENALTY**

**THESE FEES ARE NON-REFUNDABLE**

FACILITY NUMBER	073400647
	First Steps Learning Center
REMITTER	#0202695
	P.O. Box 695
	Lafayette, Ca 94549
PCA	84035
PAY TYPE	Check
DATE OF CHECK	08/07/2014
CHECK NUMBER	5454
TOTAL AMOUNT COLLECTED	\$150.00

**NOTICE OF CIVIL PENALTIES DUE**☒ Initial Invoice☐ Final NoticeDate Sent 8/6/2014INVOICE NO. 0202695REGIONAL OR COUNTY OFFICE NUMBER 02

FACILITY NAME <b>FIRST STEPS LEARNING CENTER</b>		
PHYSICAL ADDRESS <b>3201 STANLEY BLVD.</b>		
CITY <b>LAFAYETTE</b>	STATE <b>CA</b>	ZIP CODE <b>94549</b>
MAILING ADDRESS <b>P.O. BOX 695</b>		
CITY <b>LAFAYETTE</b>	STATE <b>CA</b>	ZIP CODE <b>94549</b>

FISCAL YEAR <b>2014/2015</b>	DATE LIC 422 SENT <b>08/06/2014</b>
FACILITY TYPE <b>DCC</b>	PENALTY PCA CODE <b>84830</b>

FACILITY NUMBER <b>073400647</b>
-------------------------------------

LICENSEE(S) OR UNLICENSED FACILITY OPERATOR <b>PROFESSIONAL CHILDCARE MANAGEMENT INC.</b>		
ADDRESS <b>P.O. BOX 695</b>		
CITY <b>LAFAYETTE</b>	STATE <b>CA</b>	ZIP CODE <b>94549</b>

SUPERVISOR APPROVAL <b>CHERYL NAUMCHEFF</b>	
TITLE <b>CIVIL PENALTY COORD.</b>	DATE <b>08/06/2014</b>

On 07/07/2014 your facility was found to be in violation of one or more sections of the California Health and Safety Code.  
DATE

See attached LIC 421 series form. As a result, you were assessed the following amount:

Penalty Amount Originally Assessed:	(DATE) 07/07/2014	\$ 150.00
Penalty Amount Amended:	(DATE)	\$
Payment Received:	(DATE)	\$
Balance Due:		\$ 150.00

Send a copy of this notice and your payment to the address shown below within **10 days**. **MAKE CHECKS PAYABLE TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES.** Please write your invoice and facility number(s) on your check.

To: <b>CIVIL PENALTY COORDINATOR</b>
<b>COMMUNITY CARE LICENSING</b>
<b>1515 CLAY STREET, SUITE 1102</b>
<b>OAKLAND, CA 94612</b>

**FAILURE TO PAY CIVIL PENALTY MAY RESULT IN ANY OR ALL OF THE FOLLOWING:**

- **SEIZURE OF PERSONAL INCOME TAX REFUNDS**
- **LICENSE DENIAL, SUSPENSION, OR REVOCATION**
- **COURT ACTION**

**CIVIL PENALTY ASSESSMENT**

FACILITY NAME <b>First Steps Learning Center</b>			DATE <b>07/07/2014</b>	
FACILITY ADDRESS <b>073400647</b>				
CITY <b>Lafayette, CA</b>	STATE <b>CA</b>	ZIP CODE <b>94549</b>		
LICENSEE(S)/OPERATOR <b>Lina Arabshahi</b>			FACILITY #: <b>073400647</b>	

**LICENSED FACILITY**

Civil penalties can be assessed against any facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1548, 1568.0822, 1569.49, 1596.99, and 1597.58. You are hereby notified that a civil penalty has been assessed.

The above facility has been found in violation of the California Code of Regulations, Title 22, Divisions 6, and/or 12, Section(s) Staff - Infant Ratio

and/or California Health and Safety Code, Division 2, Chapters 3, 3.01, 3.2, 3.4, and 3.5, and 3.6.

Section(s) 101416.5 (b)

A Licensing Report (LIC 809 or LIC 9099) was issued on \_\_\_\_\_ giving notice that failure to correct the above violation(s) would result in a civil penalty.

☐ Because you failed to make the corrections specified on the LIC 809, a civil penalty of \$\_\_\_\_\_ is assessed for the period from \_\_\_\_\_ through \_\_\_\_\_.

☐ A civil penalty of \$50 per violation per day, up to a maximum of \$150 per violation per day will be assessed. This will continue until correction(s) is made to comply with the licensing laws, regulations, and approval of the California Department of Social Services or authorized licensing agency.

☐ Because you repeated a violation of the same subsection within a 12-month period, an immediate civil penalty of \$\_\_\_\_\_ is assessed for the period from \_\_\_\_\_ through \_\_\_\_\_.

☐ All Facility Types Except Child Care Centers: **Second citation** within a 12 month period; an immediate civil penalty of \$150 per violation; then \$50 per day per violation until corrections are made.

☒ Child Care Centers Only: **Second citation** within a 12-month period; an immediate civil penalty of \$150 per violation; then \$150 per day per violation until corrections are made.

☐ Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically Ill (RCF-CI): **Third citation** within a 12-month period; an immediate civil penalty of \$1,000 per violation; then \$100 per day per violation until corrections are made.

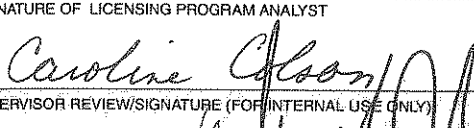
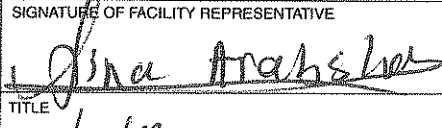

☐ Family Child Care Home (FCCH), Child Care Center (CCC), Community Care Facility (CCF): **Third citation** within 12-month period; an immediate civil penalty of \$150 per violation; then \$150 per day per violation until corrections are made.

☐ FCCH and CCC only: Second or subsequent violation for failure to allow parent or guardian to enter and inspect facility or for retaliation/discrimination stemming from a request to enter or lodge a complaint. A civil penalty of \$50 per violation.

**Total Penalty Assessed \$ 150.00**

**YOU WILL RECEIVE AN INVOICE IN THE MAIL.**

**DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR INVOICE**

NAME OF LICENSING PROGRAM ANALYST <b>Caroline Colson</b>	NAME OF FACILITY REPRESENTATIVE/TITLE <b>Lina Arabshahi</b>		
SIGNATURE OF LICENSING PROGRAM ANALYST 	SIGNATURE OF FACILITY REPRESENTATIVE 		
SUPERVISOR REVIEW/SIGNATURE (FOR INTERNAL USE ONLY) 	TITLE <b>LPM 1</b>	DATE <b>7/23/14</b>	



**COMPLAINT INVESTIGATION REPORT**CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**04/23/2014** and conducted by Evaluator Caroline Colson

**PUBLIC****COMPLAINT CONTROL NUMBER: 02-CC-20140423093349****FACILITY NAME:** FIRST STEPS LEARNING CENTER**FACILITY NUMBER:** 073400647**ADMINISTRATOR:** FOLEY, CHARLOTTE**FACILITY TYPE:** 830**ADDRESS:** 3201 STANLEY BOULEVARD**TELEPHONE:** (925) 933-6283**CITY:** LAFAYETTE**STATE:****ZIP CODE:** 94549**CAPACITY:** 32**CENSUS:** 26**DATE:** 07/07/2014

UNANNOUNCED

**TIME VISIT BEGAN:** 02:02 PM**MET WITH:** Lina Arabshahi**TIME COMPLETED:** 03:00 PM**ALLEGATION(S):**

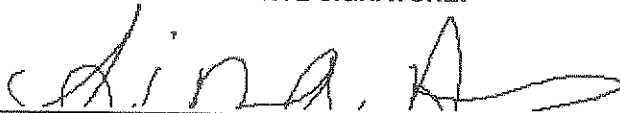
1 Neglect/Lack of Supervision: One teacher supervising 6 infants.  
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**INVESTIGATION FINDINGS:**

- 1 Licensing Program Analyst Caroline Colson met with Lina Arabshahi, center director, regarding the above  
2 allegation. Present are 10 staff members and 26 infants. Interviews revealed that there has been an aide who  
3 has been alone with four infants. Based upon the investigative findings, the complaint is substantiated.  
4  
5 See LIC 9099 D for deficiency  
6  
7 A review of staff records on 4/14/14 indicates that all facility staff or other individuals who required caregiver  
8 background checks have received criminal record and child abuse index clearances or exemptions.  
9  
10 The attached type A deficiency is cited today and must be corrected by the due date. An exit interview was  
11 conducted. Upon receipt, licensee shall post and provide copies of this licensing report to parent/guardians of  
12 children in care at the facility and to parents/guardians of children newly enrolled at the facility during the next  
13 12 months. Appeal rights were given and discussed. A site notice was posted.

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/07/2014

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/07/2014

This report must be available at Child Care and Group Home facilities for public review for 3 years.

**COMPLAINT INVESTIGATION REPORT (Cont)**CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
04/23/2014 and conducted by Evaluator Caroline Colson

**COMPLAINT CONTROL NUMBER: 02-CC-20140423093349**

**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**ADMINISTRATOR:** FOLEY, CHARLOTTE  
**ADDRESS:** 3201 STANLEY BOULEVARD  
**CITY:** LAFAYETTE  
**CAPACITY:** 32

**STATE:**  
**CENSUS:** 26  
UNANNOUNCED

**FACILITY NUMBER:** 073400647  
**FACILITY TYPE:** 830  
**TELEPHONE:** (925) 933-6283  
**ZIP CODE:** 94549  
**DATE:** 07/07/2014  
**TIME VISIT BEGAN:** 02:02 PM  
**TIME COMPLETED:** 03:00 PM

**MET WITH:** Lina Arabshahi**ALLEGATION(S):**

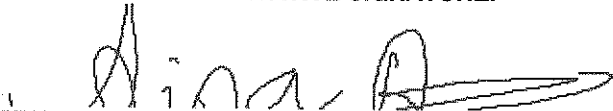
1 Neglect/Lack of Supervision: Infants left unattended in crib area.  
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**INVESTIGATION FINDINGS:**

1 Licensing Program Analyst Caroline Colson met with Lina Arabshahi, center director, regarding the above  
2 allegation. Present are 10 staff members and 26 infants. Interviews were conducted. Staff explained that  
3 children are never left alone in the napping room. Furthermore, staff explained that there is at least two staff  
4 members in every room which includes one person who remains in the nap room. There is not enough  
5 evidence to prove or disprove that children are left alone in the nap room. Based upon the investigative  
6 findings, the complaint is inconclusive.  
7  
8  
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13

**Inconclusive****Estimated Days of Completion:****SUPERVISOR'S NAME:** Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/07/2014

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/07/2014

This report must be available at Child Care and Group Home facilities for public review for 3 years.

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 073400647  
VISIT DATE: 07/07/2014

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/07/2014 Section Cited 101416.5 (b)	1 Staff-Infant Ratio 2 There shall be a ratio of one teacher for every four 3 infants in attendance. 4 There has been an aide providing care and 5 supervision to 3-4 infants on more than one 6 occasion. This is the second citation within a 12 7 month period. The center is being assessed a \$150.00 civil penalty.	1 Licensee will ensure that the center maintains 2 appropriate ratios at all times. 3 4 5 6 7  1 2 3 4 5 6 7  1 2 3 4 5 6 7  1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Darryl Jefferson

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:

DATE: 07/07/2014

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/07/2014

This Notice must be posted for 30 days

**CIVIL PENALTY LEDGER****INVOICE NO.** 0202695**REGIONAL OFFICE NUMBER** 02

FACILITY NAME <b>FIRST STEPS LEARNING CENTER</b>		
FACILITY ADDRESS <b>3201 STANLEY BLVD.</b>		
CITY <b>LAFAYETTE</b>	STATE <b>CA</b>	ZIP CODE <b>94549</b>

FISCAL YEAR <b>2014/2015</b>	DATE LIC 422 SENT <b>08/06/2014</b>
FACILITY TYPE <b>DCC</b>	FACILITY PCA CODE <b>84830</b>

LICENSEE(S) OR UNLICENSED FACILITY OPERATOR <b>PROFESSIONAL CHILDCARE MANAGEMENT INC.</b>		
ADDRESS <b>P.O. BOX 695</b>		
CITY <b>LAFAYETTE</b>	STATE <b>CA</b>	ZIP CODE <b>94549</b>

FACILITY NUMBER <b>073400647</b>
-------------------------------------

	DATE	AMOUNT	CUMULATIVE BALANCE
Original Invoice Amount Assessed	07/07/2014	\$150.00	\$150.00
Civil Penalty Amended Amount			
Civil Penalty Amended Amount			
Civil Penalty Amended Amount			
Sent to Central Operations Branch			
Payment			
Payment			
Payment			
Payment			
Payment			

**COMMENTS:**

# CIVIL PENALTY

- ☒ PAID 😊 8/29/14
- ☐ WAIVED/DISMISSED
- ☐ REDUCED
- ☐ DUE (SEE CHERYL)
- ☐ TAX OFFSET

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICE  
COMMUNITY CARE LICENSING DIVISION

RECEIPT NO: R02-000292503  
DATE ISSUED: 08/29/2014  
OFFICE: 02

CASH STATE RECEIPT FOR FEE TYPE PAID: **CIVIL PENALTY**

**THESE FEES ARE NON-REFUNDABLE**

FACILITY NUMBER	073400647
	First Steps Learning Center
REMITTER	#0202694
	P.O. Box 695
	Lafayette, Ca 94549
PCA	84035
PAY TYPE	Check
DATE OF CHECK	08/07/2014
CHECK NUMBER	5454
TOTAL AMOUNT COLLECTED	\$100.00

**NOTICE OF CIVIL PENALTIES DUE**☒ Initial Invoice☐ Final NoticeDate Sent 8/6/2014INVOICE NO. 0202694REGIONAL OR COUNTY OFFICE NUMBER 02

FACILITY NAME FIRST STEPS LEARNING CENTER		
PHYSICAL ADDRESS 3201 STANLEY BLVD.		
CITY LAFAYETTE	STATE CA	ZIP CODE 94549
MAILING ADDRESS P.O. BOX 695		
CITY LAFAYETTE	STATE CA	ZIP CODE 94549

FISCAL YEAR 2014/2015	DATE LIC 422 SENT 08/06/2014
FACILITY TYPE DCC	PENALTY PCA CODE 84830

FACILITY NUMBER 073400647
------------------------------

LICENSEE(S) OR UNLICENSED FACILITY OPERATOR PROFESSIONAL CHILDCARE MANAGEMENT INC.		
ADDRESS P.O. BOX 695		
CITY LAFAYETTE	STATE CA	ZIP CODE 94549

SUPERVISOR APPROVAL CHERYL NAUMCHEFF	
TITLE CIVIL PENALTY COORD.	DATE 08/06/2014

On 07/07/2014 your facility was found to be in violation of one or more sections of the California Health and Safety Code.  
DATE

See attached LIC 421 series form. As a result, you were assessed the following amount:

Penalty Amount Originally Assessed:	(DATE) 07/07/2014	\$ 100.00
Penalty Amount Amended:	(DATE)	\$
Payment Received:	(DATE)	\$
Balance Due:		\$ 100.00

Send a copy of this notice and your payment to the address shown below within **10 days**. **MAKE CHECKS PAYABLE TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**. Please write your invoice and facility number(s) on your check.

To: CIVIL PENALTY COORDINATOR
COMMUNITY CARE LICENSING
1515 CLAY STREET, SUITE 1102
OAKLAND, CA 94612

**FAILURE TO PAY CIVIL PENALTY MAY RESULT IN ANY OR ALL OF THE FOLLOWING:**

- SEIZURE OF PERSONAL INCOME TAX REFUNDS
- LICENSE DENIAL, SUSPENSION, OR REVOCATION
- COURT ACTION

**CIVIL PENALTY ASSESSMENT - IMMEDIATE**

FACILITY NAME First Steps Learning Center			DATE
FACILITY ADDRESS 3201 Stanley Boulevard	CITY Lafayette	STATE CA	ZIP CODE 94549
OPERATOR(S) Lina Arabshahi			FACILITY # IF LICENSED OR PENDING: 073400647

Immediate civil penalties can be assessed against any licensee for failure to comply with Caregiver Background Check requirements and against family child care licensees for failure to comply with parent/authorized representative (AR) notification and visit report posting requirements. See the back of this form for specifics.

On this date you have been found in violation of one or more requirements for which an immediate civil penalty is warranted. See the Licensing Report (LIC 809 or LIC 9099) issued on this date. You are hereby notified that a civil penalty has been assessed.

Caregiver Background Check

- ☐ \$100 immediate Civil Penalty per person for allowing any person (who is subject to a background check) to work, reside or volunteer without a criminal record clearance or exemption. Maximum of 5 days for the first violation. Maximum 30 days for subsequent violations.
- ☐ \$100 immediate Civil Penalty per person for allowing any person (who is subject to a Caregiver Background Check Order of Removal) to work, reside or volunteer.
- ☒ \$100 immediate Civil Penalty per person for allowing a cleared or exempted person to work, reside or volunteer before requesting a clearance transfer or before receiving approval of an exemption transfer.

Individual #1	number of days x \$100 = \$ 100.00	Penalty
Individual #2	number of days x \$100 = \$ _____	Penalty
Individual #3	number of days x \$100 = \$ _____	Penalty

Child Care Facilities Only

- ☐ \$100 immediate Civil Penalty per parent/AR for failure to provide "Family Child Care Home (FCCH) Addendum to Notification of Parents' Rights (Regarding Exclusion)". # \_\_\_\_\_ parent/AR x \$100 = \$ \_\_\_\_\_ penalty
- ☐ \$100 immediate Civil Penalty per parent/AR for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Reinstatement)". # \_\_\_\_\_ parent/AR x \$100 = \$ \_\_\_\_\_ penalty
- ☐ \$100 immediate Civil Penalty per parent/AR for failure to obtain signature indicating receipt of Addendum. # \_\_\_\_\_ parent/AR x \$100 = \$ \_\_\_\_\_ penalty
- ☐ \$100 immediate Civil Penalty for failure to provide signed addendum to the Department when requested.
- ☐ \$100 immediate Civil Penalty for failure to comply with posting requirements for 30 consecutive days.
- ☐ \$50 immediate Civil Penalty for failure to return "Confirmation of Removal" form to Licensing within 5 days. (FCCH only)

**Total Penalty Assessed \$ 100.00**

**YOU WILL RECEIVE AN INVOICE IN THE MAIL. DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR INVOICE.**

NAME OF LICENSING PROGRAM ANALYST Caroline Colson	SIGNATURE OF LICENSING PROGRAM ANALYST <i>Caroline Colson</i>	DATE 07/07/2014
NAME OF FACILITY REPRESENTATIVE/TITLE Lina Arabshahi	SIGNATURE OF FACILITY REPRESENTATIVE <i>Lina Arabshahi</i>	DATE 07/07/2014
SUPERVISOR REVIEW SIGNATURE (FOR INTERNAL USE ONLY) <i>[Signature]</i>	TITLE LPM 1	DATE 7/14/14

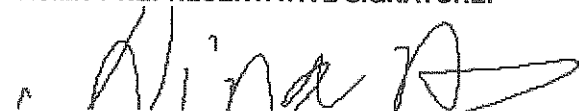


**FACILITY EVALUATION REPORT**CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	073400647
<b>ADMINISTRATOR:</b>	FOLEY, CHARLOTTE	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>STATE:</b> CA	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b>	32	<b>CENSUS:</b> 26	<b>DATE:</b> 07/07/2014
<b>TYPE OF VISIT:</b>	Case Management	<b>UNANNOUNCED</b>	<b>TIME BEGAN:</b> 03:01 PM
<b>MET WITH:</b>	Lina Arabshahi		<b>TIME COMPLETED:</b> 03:45 PM

**NARRATIVE**

1 Licensing Program Analyst Caroline Colson met with Lina Arabshahi, director, for an unannounced case  
2 management visit. Present are 10 staff members and 26 infants. There was a health and safety inspection  
3 conducted.  
4  
5 See LIC 809 D for deficiency  
6  
7 The attached type A deficiency is cited today and must be corrected by the due date. An exit interview was  
8 conducted. Upon receipt, licensee shall post and provide copies of this licensing report to parent/guardians of  
9 children in care at the facility and to parents/guardians of children newly enrolled at the facility during the next  
10 12 months. Appeal rights were given and discussed. A site notice was posted.  
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**SUPERVISOR'S NAME:** Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/07/2014**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/07/2014**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**DEFICIENCY INFORMATION FOR THIS PAGE:****FACILITY NUMBER:** 073400647  
**VISIT DATE:** 07/07/2014

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/08/2014 Section Cited 101170(e)(2)	<p>1 Criminal Record Clearance. Prior to working or</p> <p>2 volunteering in a licensed child care facility, all</p> <p>3 individuals subject to a criminal record review shall</p> <p>4 request a transfer of a criminal record clearance</p> <p>5 from another facility or Trustline.</p> <p>6 S. Jarquin has a criminal record clearance but isn't</p> <p>7 associated to the facility.</p>	<p>1 Licensee will ensure all staff members are</p> <p>2 associated before working at the facility.</p>
	1	1
	2	2
	3	3
	4	4
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	6	6
	7	7
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7
	1	1
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISOR'S NAME:** Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:***Caroline Colson***DATE:** 07/07/2014

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:***Dina A***DATE:** 07/07/2014

This Notice must be posted for 30 days

**CIVIL PENALTY LEDGER****INVOICE NO.** 0202694**REGIONAL OFFICE NUMBER** 02

FACILITY NAME <b>FIRST STEPS LEARNING CENTER</b>		
FACILITY ADDRESS <b>3201 STANLEY BLVD.</b>		
CITY <b>LAFAYETTE</b>	STATE <b>CA</b>	ZIP CODE <b>94549</b>

FISCAL YEAR <b>2014/2015</b>	DATE LIC 422 SENT <b>08/06/2014</b>
FACILITY TYPE <b>DCC</b>	FACILITY PCA CODE <b>84830</b>

LICENSEE(S) OR UNLICENSED FACILITY OPERATOR <b>PROFESSIONAL CHILDCARE MANAGEMENT INC.</b>		
ADDRESS <b>P.O. BOX 695</b>		
CITY <b>LAFAYETTE</b>	STATE <b>CA</b>	ZIP CODE <b>94549</b>

FACILITY NUMBER <b>073400647</b>
-------------------------------------

	DATE	AMOUNT	CUMULATIVE BALANCE
Original Invoice Amount Assessed	07/07/2014	\$100.00	\$100.00
Civil Penalty Amended Amount			
Civil Penalty Amended Amount			
Civil Penalty Amended Amount			
Sent to Central Operations Branch			
Payment			
Payment			
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**COMMENTS:**



WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612



EDMUND G. BROWN JR.  
GOVERNOR

February 25, 2014

FIRST STEPS LEARNING CENTER- 073400647  
P. O. BOX 695  
LAFAYETTE, CA 94549

Dear Ms. Beeman,

Per our telephone conversation on today, we are in receipt of the documents designating Ms. Lina Arbshahi Director of your facility. Unfortunately, we are unable to accept partial documentation for the Director.

The forms you submitted are being returned to you along with a letter that provides the name/number of the documentation that is needed for Ms. Arbshahi to be qualified as a Director.

Please submit all required forms by March 15, 2014.

If you have questions regarding this letter, please contact me at 510 725 7004

Best Regards,  
R. Hollie,  
Licensing Program Analyst

*I Mont/Touder*

# **FACILITY VISIT CHECKLIST CHILD CARE CENTERS AND INFANT CENTERS**

Review facility file prior to visit. Check to see that the following information has been updated, if required, and contained in the file. Indicate the date the information was submitted to the licensing agency in the space provided for each item requested.

<i>First Steps Learning Cn</i>	LICENSE ANNIVERSARY DATE	ON FILE	DATE REQUESTED	DATE RECEIVED
Application Information (LIC 215)		✓		
Criminal Record Clearance and Child Abuse Index Checks (LIC 198) (updated for current staff subject to fingerprint requirements)				
Licensee Affidavit Regarding Persons Exempt From Fingerprint Requirements (if not on LIC 500)				
Administrative Organization (LIC 309)*				
Estimated Monthly Operating Budget (LIC 401), Budget Information (LIC 420), Financial Statement and Information (LIC 403, LIC 404)		✓		
Articles of Incorporation, Constitution and Bylaws (if applicable)				
Partnership Agreement (if applicable)				
Designation of Administrative Responsibility (LIC 308)*		✓		
Personnel Report (LIC 500) Updated*		<i>need new</i>		
Facility Floor/Plot Plan (LIC 999)		✓		
Verification of Qualifications of Facility Director	<i>Mary Schewark / Nadine Powell / Roseann Beeman</i>	✓		
Emergency Disaster Plan (LIC 610)		✓		
Disaster and Fire Drills (every 6 months)	<i>DISCUSS</i>			
Plan of Operation				
Admissions Policies and Procedures/Fee Schedule				
Health Screening Report - Facility Personnel (LIC 503)		✓		
Daily Activity Schedule		✓		
Fire Clearance (consistent with terms and limitations of license)		✓		
Bacteriological Analysis of Private Water Supply (if applicable)				
License Fee Received		✓		

## NOTES AND COMMENTS

*2008 SYR - Snack menu 3 napping students found unsup, Chaz's table, bottle not labeled, Rocky chair loose*

*Feeding/needs svc plan off*

**FACILITY EVALUATION REPORT****FACILITY NAME:** FIRST STEPS LEARNING CENTER**ADMINISTRATOR:** FOLEY, CHARLOTTE**ADDRESS:** 3201 STANLEY BOULEVARD**CITY:** LAFAYETTE**CAPACITY:** 32**TYPE OF VISIT:** Required - 5 Year**MET WITH:** Roseanne Beeman**FACILITY NUMBER:** 073400647**FACILITY TYPE:** 830**TELEPHONE:** (925) 933-6283**ZIP CODE:** 94549**DATE:** 04/29/2013**TIME BEGAN:** 08:20 AM**TIME COMPLETED:** 11:30 AM**NARRATIVE**

1 LPA, Hollie, met with Owner/Director, Roseann Beeman, for the purpose of a 5 year visit. A tour of the rooms  
2 was conducted. Ms. Beeman assisted me with the tour of the rooms. Ms. Beeman had to leave for an  
3 appointment, therefore, questions or concerns were addressed with the Designee, Ms. Jennifer Behnke.  
4 There are no Zero Tolerance items accessible today such as bodies of water, fire arms or License limitations.  
5 Disinfectant's, cleaning solutions, poisons and other items that are dangerous to children were inaccessible  
6 today. There are no children on medications today. Furniture and equipment appeared to be in good  
7 condition, free of sharp, loose or pointed parts. Floors are clean and safe. The food preparation and storage  
8 areas are clean, free of litter, rubbish or the evidence of rodents or other vermin. There are no flies in the  
9 facility. Parents bring lunches for the infants and the facility provides snack. There is a snack menu posted.  
10 Infant changing tables have padded surfaces and are covered with washable vinyl/plastic. Infant changing  
11 tables have raised sides. Toys appear to be safe and have no pointed or sharp edges.  
12 Staff and children's records were reviewed.  
13 All infants, including those who are napping, are supervised today. The facility has an infant Needs and  
14 Services plan as well as a feeding plan that falls under the facility form called Family Patterns. The facility is  
15 reminded to update the information on the form regularly.  
16 Opening and closing staff have current CPR/FA. Sign in and Sign out was reviewed.  
17  
18  
19 There are no deficiencies cited today.  
20  
21 SITE VISIT NOTICE GIVEN AND MUST REMAIN POSTED FOR 30 DAYS.  
22  
23 EXIT INTERVIEW CONDUCTED AND APPEAL RIGHTS PROVIDED.  
24  
25

**SUPERVISOR'S NAME:** Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Ronda Hollie**TELEPHONE:** (510) 725-7004**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/29/2013

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 04/29/2013

This report must be available at Child Care and Group Home facilities for public review for 3 years.

May 3, 2006

This is to notify  
you that all deficiencies  
have been cleared as of  
2:00 pm today.

- 1) All children will have  
diaper changes inside  
the facility at all times.
- 2) Car seats will not be  
used to ~~seat~~ seat infants  
for spoon feeding or  
Bottle feeding.
- 3) All staff-child ratios  
are in compliance.

Roseann Beeman  
Lic # 073400647

**NOTICE OF CIVIL PENALTIES DUE**☒ Initial Invoice☐ Final NoticeINVOICE NO. 0201526DISTRICT OR COUNTY OFFICE NUMBER 02

FACILITY NAME		
FIRST STEPS LEARNING CENTER		
FACILITY ADDRESS		
3201 STANLEY BLVD		
CITY	STATE	ZIP CODE
LAFAYETTE	CA	94549

LICENSEE(S) OR UNLICENSED FACILITY OPERATOR		
FIRST STEPS LEARNING CENTER		
ADDRESS		
3201 STANLEY BLVD		
CITY	STATE	ZIP CODE
LAFAYETTE	CA	94549

FISCAL YEAR	DATE LIC 422 SENT
2005/2006	08/03/06
FACILITY TYPE	PENALTY PCA CODE
CCC	84850

FACILITY NUMBER
073400647

SUPERVISOR APPROVAL	DATE
	08/03/06
TITLE	
BARBARA BOBINCHECK, LUM	

The California Health and Safety Code, Sections 1548, 1568.0822, 1569.49, 1596.99, and 1597.62 provides for the imposition of civil penalties against any facility which fails to take corrective action within prescribed time periods.

The California Health and Safety Code, Sections 1547, 1568.0821, 1569.485, 1596.89, 1596.891 and 1597.61 provides for the imposition of civil penalties against any *unlicensed* facility which fails to take corrective action within prescribed time periods.

The California Health and Safety Code, Sections 1522, 1568.09, 1569.17, 1596.871, and 1596.8712 provides for the imposition of immediate civil penalties against any facility which fails to comply with fingerprinting or other criminal background requirements.

Your facility has been found in violation of Community Care Licensing statutes and regulations.

A failure to correct the immediate Civil Penalty or deficiency(ies) cited on the Licensing Report (LIC 809 or LIC 9099) dated 04/19/06 has resulted in the following civil penalty assessment of:

Penalty Amount Due .....	\$700.00
Less Payment(s) Received .....	\$0.00
<b>BALANCE DUE. ....</b>	<b>\$700.00</b>

Send the enclosed copy of this notice and your payment to the address shown below within **10 days**. **MAKE CHECKS PAYABLE TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**. Please write your invoice and facility number(s) on your check.

CDSS, COMMUNITY CARE LICENSING

ATTN: CIVIL PENILITY- BECKY WELCH

1515 CLAY STREET, SUITE 1102

OAKLAND CA 94612-1469

**FAILURE TO PAY CIVIL PENALTY MAY RESULT IN ANY OR ALL OF THE FOLLOWING:**

- **SMALL CLAIMS COURT ACTION**
- **LICENSE DENIAL, SUSPENSION, OR REVOCATION**
- **SEIZURE OF PERSONAL INCOME TAX REFUNDS**



**FACILITY EVALUATION REPORT**

**FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**ADMINISTRATOR:** FOLEY, CHARLOTTE  
**ADDRESS:** 3201 STANLEY BOULEVARD  
**CITY:** LAFAYETTE  
**CAPACITY:** 32  
**TYPE OF VISIT:** Case Management  
**MET WITH:** Roseanne Beeman

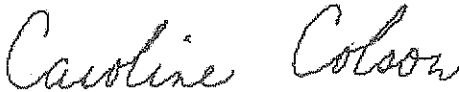
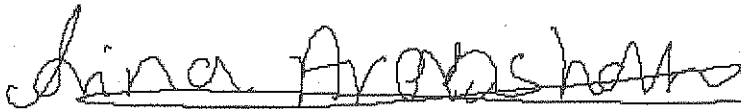
**FACILITY NUMBER:** 073400647  
**FACILITY TYPE:** 830  
**TELEPHONE:** (925) 933-6283  
**STATE:** CA  
**ZIP CODE:** 94549  
**CENSUS:** 29  
**UNANNOUNCED**  
**DATE:** 04/29/2014  
**TIME BEGAN:** 11:15 AM  
**TIME COMPLETED:** 04:00 PM

**NARRATIVE**

1 Licensing Program Analyst Caroline Colson met with Roseanne Beeman, director, and Lina Arabshahi,  
2 teacher, for an unannounced case management visit. Present are 29 infants and 12 staff members including  
3 the director. There was a health and safety inspection conducted.  
4

5 A review of staff records on 4/29/14 indicates that all facility staff or other individuals who required caregiver  
6 background checks have received criminal record and child abuse index clearances or exemptions.  
7

8 The attached type B deficiency is cited today and must be corrected by the due date. An exit interview was  
9 conducted. Appeal rights were given and discussed. This report must be available for public review for 3  
10 years.  
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**SUPERVISOR'S NAME:** Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Caroline Colson**TELEPHONE:** (510) 725-7008**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/29/2014**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 04/29/2014**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 073400647  
VISIT DATE: 04/29/2014

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/29/2014 Section Cited 101223(a)(2)	1 Personal Rights. Each child shall be accorded 2 safe, healthful and comfortable accommodations, 3 furnishings and equipment. 4 There was a sleeping infant in a swing. 5 6 7	1 Licensee will ensure that when an infant falls 2 asleep that the infant is placed in a crib. The infant 3 was taken out of the swing and placed in a crib. 4 5 6 7
Type B 05/06/2014 Section Cited 101416.5 (b)	1 Staffing Infant-Ratio 2 There are 16 infants with only one qualified teacher 3 and four aides. 4 5 6 7	1 Licensee will ensure that there is one fully qualified 2 teacher for every 12 infants. One aid will become a 3 fully qualified teacher within a week. 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

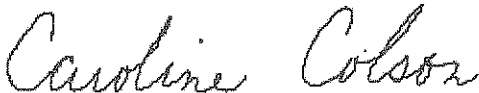
SUPERVISOR'S NAME: Darryl Jefferson

TELEPHONE: (510) 622-2602

LICENSING EVALUATOR NAME: Caroline Colson

TELEPHONE: (510) 725-7008

LICENSING EVALUATOR SIGNATURE:



DATE: 04/29/2014

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/29/2014

## All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION

### CLEARED DEFICIENCIES

CCLD Regional Office, 1515 CLAY STREET, SUITE 1102  
OAKLAND, CA 94612

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

VISIT DATE: 04/29/2014

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
04/29/2014 101223(a)(2)	<div>1</div> <div>2</div> <div>3 Licensee will ensure that when an infant falls asleep that the</div> <div>4 infant is placed in a crib. The infant was taken out of the swing</div> <div>5 and placed in a crib.</div> <div>6</div> <div>7</div>	<div>1</div> <div>2 04/29/2014</div> <div>3 Cleared by visit</div> <div>4</div>
05/06/2014 Section Cited 101416.5 (b)	<div>1</div> <div>2</div> <div>3 Licensee will ensure that there is one fully qualified teacher for</div> <div>4 every 12 infants. One aid will become a fully qualified teacher</div> <div>5 within a week.</div> <div>6</div> <div>7</div>	<div>1</div> <div>2 07/11/2014</div> <div>3 Documentation was sent to our office</div> <div>4</div>
Section Cited	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div>
Section Cited	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div>

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	073400647
<b>ADMINISTRATOR:</b>	FOLEY, CHARLOTTE	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>STATE:</b>	CA
<b>CAPACITY:</b>	32	<b>ZIP CODE:</b>	94549
<b>TYPE OF VISIT:</b>	Required - 5 Year	<b>CENSUS:</b>	29
<b>MET WITH:</b>	Roseann Beeman	<b>UNANNOUNCED</b>	
		<b>DATE:</b>	04/30/2008
		<b>TIME BEGAN:</b>	12:30 PM
		<b>TIME COMPLETED:</b>	04:30 PM

**NARRATIVE**

1 Licensing Program Analyst, Jason Jang made a 5 year required visit to the facility. I met with the Director,  
2 Mary Schwarck and then the owner Roseann Beeman arrived. The sign in sign out sheet, first aid kit, and fire  
3 drill log book were reviewed and found to be complete. There was at least one staff member present who had  
4 a current cpr and first aid certificate. Children and staff files were reviewed.  
5  
6 The following was cited in today's visit:  
7  
8 1. 3 infants were napping in two separate rooms without direct supervision.  
9 2. Two changing tables were located in a classroom and not within arms reach of a sink.  
10 3. A child's bottle was not labeled with a name and current date.  
11 4. A child's food item was only labeled with his name on it and did not have the current date.  
12 5. A rocking chair that staff use to rock babies had a wobbly and loose arm in one of the classrooms.  
13 6. A bookshelf needed to be bolted to the wall.  
14 7. A classroom had a light fixture with a cracked plastic cover.  
15 8. The outdoor play area had 7 plastic toys and riding toys that were cracked and had sharp or jagged edges.  
16 9. No snack menu was posted on the wall.  
17 10. Six staff members did not have a health screening report in their file.  
18  
19  
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22  
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**SUPERVISOR'S NAME:** Diane Gorman**TELEPHONE:** (510) 622-2593**LICENSING EVALUATOR NAME:** Jason Jang**TELEPHONE:** (510) 725-7009**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/30/2008

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 04/30/2008

This report must be available at Child Care and Group Home facilities for public review for 3 years.

**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 073400647  
VISIT DATE: 04/30/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/01/2008 Section Cited 101439(h)(4)	1 Two infant changing tables were not located within 2 arms reach of a sink. 3 4 5 6 7	1 The changing tables shall be placed near a sink or 2 removed by 5/1/08. 3 4 5 6 7
Type B 05/01/2008 Section Cited 101427(j)	1 A child's bottle with milk was not labeled with their 2 name and current date. 3 4 5 6 7	1 Bottles shall be labeled with the child's name and 2 current date by 5/1/08. 3 4 5 6 7
Type B 05/01/2008 Section Cited 101427(j)	1 A child's food item did not have the current date 2 labeled. 3 4 5 6 7	1 Food items shall be labeled with the child's name 2 and current date by 5/1/08. 3 4 5 6 7
Type B 05/01/2008 Section Cited 101239(n)	1 A rocking chair had a loose and wobbly arm. 2 Furniture and equipment shall be maintained in 3 good condition, free of sharp, loose or pointed 4 parts. 5 6 7	1 Rocking chair shall be repaired or removed by 2 5/1/08. 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Diane Gorman

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Jason Jang

TELEPHONE: (510) 725-7009


LICENSING EVALUATOR SIGNATURE:



DATE: 04/30/2008

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/30/2008

**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 073400647  
VISIT DATE: 04/30/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 05/01/2008 Section Cited 101429(a)(1)	<p>1 Three napping infants were found unsupervised in</p> <p>2 the nap room. Each infant shall be constantly</p> <p>3 supervised and under direct visual observation and</p> <p>4 supervision by a staff person at all times. Under no</p> <p>5 circumstances shall ANY infant be left unattended.</p> <p>6</p> <p>7</p>	<p>1 Facility shall have visual supervision on the infants</p> <p>2 at all times beginning no later than May 1, 2008.</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Diane Gorman

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Jason Jang

TELEPHONE: (510) 725-7009

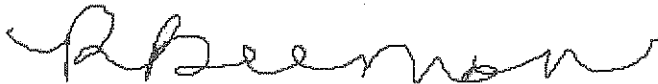
LICENSING EVALUATOR SIGNATURE:



DATE: 04/30/2008

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/30/2008

This Notice must be posted for 30 days

**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 073400647  
VISIT DATE: 04/30/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/01/2008 Section Cited 101238(a)	1 A shelf in the classroom located towards the back 2 end of the church had a bookshelf that was not 3 securely bolted to the wall. 4 5 6 7	1 Facility shall bolt the shelf to the wall by 5/1/08. 2 3 4 5 6 7
Type B 05/08/2008 Section Cited 101238(a)	1 A light fixture cover was cracked and needs to be 2 replaced. 3 4 5 6 7	1 Facility shall fix the cover by 5/8/08. 2 3 4 5 6 7
Type B 04/30/2008 Section Cited 101439(l)	1 Seven different toys or riding toys were cracked and 2 not in good working condition. Toys shall be safe, 3 and shall not have sharp points or edges or 4 splinters, or be made of small parts that can be 5 pulled off and swallowed. 6 7	1 Director removed the items during the visit. 2 Deficiency is cleared and corrected. 3 4 5 6 7
Type B 05/30/2008 Section Cited 101217(b)	1 Six staff members did not have a health screening 2 report in their file. Staff # 1, 4, 5, 6, 7, and 13 of 3 the staff files review dated 4/30/08. 4 5 6 7	1 Obtain the missing health screening reports and 2 fax or mail them to Licensing by 5/30/08. 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Diane Gorman

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Jason Jang

TELEPHONE: (510) 725-7009

LICENSING EVALUATOR SIGNATURE:



DATE: 04/30/2008

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/30/2008

**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 073400647  
VISIT DATE: 04/30/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/01/2008 Section Cited 101227(a)(6)	<p>1 A snack menu was not posted on the wall in a publicly prominent area.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1 A snack menu shall be posted on the wall by no later than 5/1/08.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Diane Gorman

TELEPHONE: (510) 622-2593

LICENSING EVALUATOR NAME: Jason Jang

TELEPHONE: (510) 725-7009

LICENSING EVALUATOR SIGNATURE:

DATE: 04/30/2008

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/30/2008



## All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION

### CLEARED DEFICIENCIES

BARO-Child Care, 1515 Clay St. # 1102  
Oakland, Ca , CA 94612

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: 073400647

VISIT DATE: 04/30/2008

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
05/01/2008 101439(h)(4)	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <p>The changing tables shall be placed near a sink or removed by 5/1/08.</p>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <p>05/15/2008 Cleared By Visit</p>
05/01/2008 Section Cited 101427(j)	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <p>Bottles shall be labeled with the child's name and current date by 5/1/08.</p>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <p>05/15/2008 Cleared By Visit</p>
05/01/2008 Section Cited 101427(j)	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <p>Food items shall be labeled with the child's name and current date by 5/1/08.</p>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <p>05/15/2008 Cleared By Visit</p>
05/01/2008 Section Cited 101239(n)	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <p>Rocking chair shall be repaired or removed by 5/1/08.</p>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <p>05/15/2008 Cleared By Visit</p>

**CIVIL PENALTY ASSESSMENT**

FACILITY NAME FIRST STEPS LEARNING CENTER	DATE 05/03/2006
FACILITY ADDRESS 3201 STANLEY BOULEVARD	CITY LAFAYETTE
STATE CA	ZIP CODE 94549
LICENSEE(S)/OPERATOR PROFESSIONAL CHILDCARE MANAGEMENT INC.	FACILITY NUMBER 073400647

**LICENSED FACILITY**

Civil penalties can be assessed against any facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1548, 1568.0822, 1569.99. You are hereby notified that a civil penalty has been assessed.

The above facility has been found in violation of the California Code of Regulations, Title 22, Divisions 6, and/or 12, Section(s) 101223 & 101416.5 and/or California Health and Safety Code, Chapters 3, 3.01, 3.2, 3.4, and 3.5 Section(s)

A Facility Evaluation Report (LIC 809) was issued on **04/19/2006** giving notice that failure to correct the above violation(s) would result in a civil penalty.

☒ Because you failed to make the corrections specified on the LIC 809, a civil penalty of **\$700.00** is assessed for the period from **04/20/2006** through **05/03/2006**.

☒ A civil penalty of \$50 per violation per day, up to a maximum of \$150 per day will be assessed. This will continue until correction(s) are made to comply with the licensing laws, regulations, and approval of the California Department of Social Services or authorized licensing agency.

☒ Because you repeated a violation of the same subsection within a 12 month period, an immediate civil penalty of **\$150.00** is assessed for **05/03/2006**, the day the deficiency was cited.

☐ All Facility Types: **Second citation** within a 12 month period; an immediate civil penalty of \$150 per violation then \$50 per day per violation until corrections are made.

☐ Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically ILL (RCF-CI): **Third citation** within 12 month period; an immediate civil penalty of \$1,000 per violation then \$100 per day per violation until corrections are made.

☐ Family Child Care Homes (FCCH), Child Care Centers (CCC), Community Care Facility (CCF): **Third citation** within 12 month period; an immediate civil penalty of \$150 per violation then \$150 per day per violation until corrections are made.

☐ Violations which result in injury, sickness, or death: An immediate civil penalty of \$150 per violation and then \$150 per day per violation until corrections are made.

YOU WILL RECEIVE A BILL IN THE MAIL.

DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL!

NAME OF LICENSING PROGRAM ANALYST Margaret Armijo / C. Colson	NAME OF FACILITY REPRESENTATIVE/TITLE Roseann Beeman
SIGNATURE OF LICENSING PROGRAM ANALYST Margaret Armijo / Caroline Colson	SIGNATURE OF FACILITY REPRESENTATIVE Roseann Beeman
SUPERVISOR REVIEW/SIGNATURE (FOR INTERNAL USE ONLY) Barbara Bobincheck	TITLE owner
	DATE 5/3/06

**INSTRUCTIONS FOR COMPLETING THE FACILITY  
CIVIL PENALTY ASSESSMENT FORM FOR LICENSED FACILITIES**

**EXPLANATION TO LICENSEE**

A visit was conducted at the above facility by a Licensing Evaluator. During that visit one or more violations of the licensing statutes and regulations were identified. A Facility Evaluation Report (LIC 809) was issued establishing the dates by which corrections must have been made.

Since you have failed to make all of the required corrections, you must pay the civil penalty described on page one of this form until you have confirmed to the satisfaction of the California Department of Social Services that each of the violations has been corrected.

**IT IS YOUR RESPONSIBILITY** to notify the licensing agency in writing or by the telephone when the required corrections have been made. If you wish to request a review of the Civil Penalty Assessment, contact the designated reviewer in writing at the licensing office within 10 days.

Payment is due when billed and the check(s) shall be made payable to the "California Department of Social Services". Please write the facility number and invoice number on your check.

**DO NOT SEND CASH.**

**NOTE:** Civil penalties may be imposed in addition to the penalties of suspension or revocation as provided in the California Health and Safety Code Sections 1548, 1568.0822, 1569.49, and 1596.99. In addition to the imposition of civil penalties, the California Health and Safety Code Sections 1550, 1569.50 and 1596.885 also authorizes the suspension or revocation of a license based on licensing violations.

**APPEAL RIGHTS**

The applicant/licensee has a right without prejudice to discuss any disagreement concerning the proper application of licensing laws and regulations, with the licensing agency. When civil penalties are involved, the licensee may request a formal review by the licensing agency to amend, extend the due date, or to dismiss the penalty. Requests for civil penalty appeal must be in writing, must be postmarked within 10 days of receipt of this form, and must be addressed to the District Office of jurisdiction over the facility. The agency has a duty to review the facts presented without prejudice, within a 10-day period. Upon review of the facts upon which the appeal is based, the agency may amend any portion of the action taken, or may dismiss the violation. The licensing agency review of an appeal may be conducted based upon information provided in writing by the licensee. The licensee may request an office interview to provide additional information. The licensee will be notified in writing of the results of the agency review.

**FACILITY EVALUATION REPORT**

FACILITY NAME:	FIRST STEPS LEARNING CENTER	FACILITY NUMBER:	073400647
DIRECTOR:	FOLEY, CHARLOTTE	FACILITY TYPE:	830
ADDRESS:	3201 STANLEY BOULEVARD	TELEPHONE:	(925) 933-6283
CITY:	LAFAYETTE	STATE: CA	ZIP CODE: 94549
CAPACITY:	32	CENSUS: 26	DATE: 05/16/2006
TYPE OF VISIT:	POC	UNANNOUNCED	TIME BEGAN: 07:15 AM
MET WITH:	Roseann Beeman		TIME COMPLETED: 08:45 AM

**DEFICIENCY INFORMATION FOR THIS PAGE:**

No Deficiency Cited

**CIVIL PENALTY INFORMATION:**

Penalty Cleared

**COMMENTS/DEFICIENCIES**

1	Plan of correction visit. Today the following deficiencies cited on 4/19/06 and continued on 5/3/06 are in
2	compliance.
3	
4	Section 101223 Personal Rights - Licensee removed changing table and car seats during visit of
5	5/3/06.
6	Section 101416.5 Ratios - Licensee notified the licensing office that ratios were in compliance on
7	5/3/06
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: 510 622 2602

LICENSING EVALUATOR NAME: Margaret Armijo

TELEPHONE: 510 622 2602

LICENSING EVALUATOR SIGNATURE: 

DATE: 05/16/2006

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: 

DATE: 05/16/2006

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	073400647
<b>DIRECTOR:</b>	FOLEY, CHARLOTTE	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>STATE:</b> CA	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b>	32	<b>CENSUS:</b> 22	<b>DATE:</b> 05/03/2006
<b>TYPE OF VISIT:</b>	POC	<b>UNANNOUNCED</b>	<b>TIME BEGAN:</b> 08:10 AM
<b>MET WITH:</b>	Roseann Beeman	<b>TIME COMPLETED:</b>	

**DEFICIENCY INFORMATION FOR THIS PAGE:**  
Type A**CIVIL PENALTY INFORMATION:**  
Penalty Notice Given**COMMENTS/DEFICIENCIES**

1	Plan of correction visit made by analysts M. Armijo and C. Colson. Today the following deficiencies cited on
2	4/19/06 were corrected.
3	
4	Section 101161 & 101171 Limitations on license and fire clearance. Today facility had six infants in the
5	Munchkins room.
6	
7	Section 101416.2 and 101216(g)(2), 101216(g)(1) Staff files were reviewed and in compliance today. (PM
8	director had First Aid card, however the card doesn't have required EMSA sticker)
9	
10	Section 101438.1 General Sanitation - Analysts were told that staff are washing hands after diaper changing
11	
12	Section 1011220 Immunization records complete today.
13	
14	The following deficiencies were not corrected
15	Section 101223 Personal Rights - cited on 4/19/06 and continued today
16	Section 101416.5 Ratios- cited on 4/19/06 and continued today
17	Citations on LIC 809 D dated 5/3/06
18	
19	
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISOR'S NAME:** Barbara Bobincheck**TELEPHONE:** 510 622 2602**LICENSING EVALUATOR NAME:** Margaret Armijo**TELEPHONE:** 510 622 2602**LICENSING EVALUATOR SIGNATURE:** Margaret Armijo**DATE:** 05/03/2006

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:** Roseann Beeman**DATE:** 05/03/2006

**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** FIRST STEPS LEARNING CENTER  
**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 05/03/2006

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 05/04/2006 Section Cited 101223 & 101417(h)	1 Personal Rights- The licensee shall ensure that each child is 2 accorded healthful and comfortable accommodations 3 furnishings and equipment to meet his/her needs. Today 4 facility was feeding infants in a car seat. Today analysts 5 observed staff changing infants outside. Facility now has a 6 changing table located outside of the facility. 7	1 Car seats can not be used for feeding children. C.C. 2 3 4 Infant table must be located inside the 5 facility. 6 7
Type A 05/04/2006 Section Cited 101416.5 & 101216	1 Ratios- Today analysts observed in the young toddler rooms 2 two assistants and one teacher with eleven infants. The 3 teacher was stationed in the door way between the two 4 classroom monitoring the assistants in each classroom. 5 Teacher was not counted in the ratio, because she was 6 supervising the assistants and not engaging in any of the 7 activities with the children.	1 Ratios must be in compliance at all 2 times. Fully qualified staff that is 3 counted in the ratio must be working 4 directly with infants. 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISOR'S NAME:** Barbara Bobincheck**TELEPHONE:** 510 622 2602**LICENSING EVALUATOR NAME:** Margaret Armijo**TELEPHONE:** 510 622 2602**LICENSING EVALUATOR SIGNATURE:** *Margaret Armijo***DATE:** 05/03/2006

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:** *Barbara Bobincheck***DATE:** 05/03/2006

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/10/2006** and conducted by Evaluator Margaret Armijo

COMPLAINT CONTROL NUMBER: 02-CC-20060410170615

FACILITY NAME:	FIRST STEPS LEARNING CENTER	FACILITY NUMBER:	073400647
DIRECTOR:	FOLEY, CHARLOTTE	FACILITY TYPE:	830
ADDRESS:	3201 STANLEY BOULEVARD	TELEPHONE:	(925) 933-6283
CITY:	LAFAYETTE	STATE: CA	ZIP CODE: 94549
CAPACITY:	32	CENSUS: 27	DATE: 04/19/2006
		UNANNOUNCED	TIME VISIT BEGAN: 07:20 AM
MET WITH:	Nadine Roach	TIME COMPLETED:	

**ALLEGATION(S):**

- 1 Fire Clearance - Center is operating above the maximum capacity in specific rooms
- 2
- 3
- 4
- 5
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**INVESTIGATION FINDINGS:**

- 1 Today analysts M. Armijo and C. Colson made a joint visit. The facility was toured. The Munchkin room had
- 2 seven infants today and eight on 4/18/06. The fire clearance states maximum of six in Munchkins room.
- 3 Facility is in violation of fire clearance and limitations of license.
- 4
- 5
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Substantiated

Estimated Days of Completion:

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: 510 622 2602

LICENSING EVALUATOR NAME: Margaret Armijo

TELEPHONE: 510 622 2602

LICENSING EVALUATOR SIGNATURE: *Margaret Armijo*

DATE: 04/19/2006

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: *Roscoe Gomez*

DATE: 04/19/2006

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/19/2006

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/20/2006 Section Cited 101161 & 101171	1 Limitations on License and Fire clearance violation 2 A licensee shall not operate beyond the conditions and 3 limitations specified on the license and fire clearance. 4 License and fire clearance state no more than six in the 5 Munchkins room. Today facility had seven infants and on 6 4/18/06 eight infants in the Munchkins room. 7	1 Reduce to six infants only in the 2 Munchkins room. 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: 510 622 2602

LICENSING EVALUATOR NAME: Margaret Armijo

TELEPHONE: 510 622 2602

LICENSING EVALUATOR SIGNATURE: 

DATE: 04/19/2006

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:  DATE: 04/19/2006



**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**04/10/2006** and conducted by Evaluator Margaret Armijo

**PUBLIC****COMPLAINT CONTROL NUMBER: 02-CC-20060410170615**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	073400647
<b>DIRECTOR:</b>	FOLEY, CHARLOTTE	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>STATE: CA</b>	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b>	32	<b>CENSUS:</b>	<b>DATE:</b> 04/19/2006
		<b>UNANNOUNCED</b>	<b>TIME VISIT BEGAN:</b> 07:20 AM
<b>MET WITH:</b>	Nadine Roach	<b>TIME COMPLETED:</b>	

**ALLEGATION(S):**

- 1 License - Center is operating with the wrong staff ratio.
- 2
- 3
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**INVESTIGATION FINDINGS:**

- 1 Today analysts M. Armijo and C. Colson made a joint visit. Facility was toured and staff files were reviewed.
- 2 Today in the young toddler room three assistants were providing care/supervision to infants. The three
- 3 assistant are listed on LIC 859 Staff File Review Form staff #4, #8, and #10. Analyst also observed staff
- 4 leaving the classroom to wash hand and get materials for infants, during that time classrooms are out of ratio.
- 5
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**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Barbara Bobincheck**TELEPHONE:** 510 622 2602**LICENSING EVALUATOR NAME:** Margaret Armijo**TELEPHONE:** 510 622 2602**LICENSING EVALUATOR SIGNATURE:** **DATE:** 04/19/2006**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:** **DATE:** 04/19/2006

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/19/2006

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/20/2006 Section Cited 101416.5	1 Staff infant ratio 2 There shall be a ratio of one teacher for every four infants or 3 one teacher and two assistants for every twelve infants. 4 Today facility had three assistants working with nine infants. 5 6 7	1 Ratios must be in compliance at all 2 times. 3 4 5 6 7
Type A 05/03/2006 Section Cited 101416.2	1 Infant teacher Qualifications and Duties 2 Today analyst were told that Lynn Miller, Younghee Cha 3 Khang and Amber Devos were teachers. Staff files were 4 reviewed and based on file review Lynn, Younghee and 5 Amber are not fully qualified teachers. 6 7	1 Complete files with transcripts or hire 2 qualified staff. 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: 510 622 2602

LICENSING EVALUATOR NAME: Margaret Armijo

TELEPHONE: 510 622 2602

LICENSING EVALUATOR SIGNATURE: Margaret Armijo

DATE: 04/19/2006

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: Keenan Belmont

DATE: 04/19/2006

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	073400647
<b>DIRECTOR:</b>	FOLEY, CHARLOTTE	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>STATE:</b> CA	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b>	32	<b>CENSUS:</b> 27	<b>DATE:</b> 04/19/2006
<b>TYPE OF VISIT:</b>	Case Management	<b>UNANNOUNCED</b>	<b>TIME BEGAN:</b> 07:20 AM
<b>MET WITH:</b>	Nadine Roach and Roseann Beeman	<b>TIME COMPLETED:</b>	

**DEFICIENCY INFORMATION FOR THIS PAGE:****CIVIL PENALTY INFORMATION:**

Type A

**COMMENTS/DEFICIENCIES**

1 Joint visit made by analysts M. Armijo and C. Colson.  
2 Deficiencies cited on LIC 809D  
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISOR'S NAME:** Barbara Bobincheck**TELEPHONE:** 510 622 2602**LICENSING EVALUATOR NAME:** Margaret Armijo**TELEPHONE:** 510 622 2602**LICENSING EVALUATOR SIGNATURE:** Margaret Armijo  
Charlotte Colson**DATE:** 04/19/2006**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:** Roseann Beeman**DATE:** 04/19/2006

**FACILITY EVALUATION REPORT (Cont)**FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/19/2006

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/20/2006 Section Cited 101223	1 Personal Rights 2 The licensee shall ensure that each child is accorded 3 healthful and comfortable accommodations furnishings and 4 equipment to meet his/her needs. Today analysts observed 5 child C6 listed on LIC 857 in a swing from 7:35 AM to 9:00 6 AM. Another infant was sleeping on a donut on the floor. 7 <i>Child C2</i>	1 Sleeping infants must be in a crib. 2 3 4 5 6 7
Type A 04/20/2006 Section Cited 101438.1	1 Infant general sanitation - Each caregiver shall wash his/her 2 hands with soap and water after each diaper changing. Today 3 analyst observed a staff person changing an infant and not 4 washing hands after diaper changing. The staff person used 5 waterless hand sanitizer. 6 7	1 Staff must wash his/her hands with 2 soap and water after each diaper 3 changing. 4 5 6 7
Type A 05/03/2006 Section Cited 101216(g)(2) &101216(g)(1)	1 Personnel Requirements Require physicians report and TB 2 test. Today staff #4, #6, #10, #11, and #12 didn't have a 3 physicians report available. Staff #4, #6, #10, #11 and #12 4 don't have TB test available. 5 6 7	1 Complete Staff files with physicians 2 report and TB test. 3 4 5 6 7
Type A 05/03/2006 Section Cited 1011220.1	1 Immunization Records on Blue Card 2 Today all infant files were missing the blue immunization 3 cards 4 5 6 7	1 Complete blue immunization cards for 2 all infants. 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: 510 622 2602

LICENSING EVALUATOR NAME: Margaret Armijo

TELEPHONE: 510 622 2602

LICENSING EVALUATOR SIGNATURE: *Margaret Armijo*

DATE: 04/19/2006

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: *Roseanne Colson*

DATE: 04/19/2006

**Professional Childcare Management**  
**First Steps Learning Center**  
3201 Stanley Blvd.  
Lafayette, CA 94549

May 10, 2006

Barbara Bobincheck  
Community Care Licensing  
1515 Clay Street #1102  
Oakland, CA 94612

Re: Site visits from Licensing Evaluator-4/7,4/19,5/3

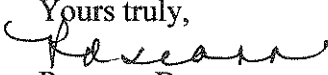
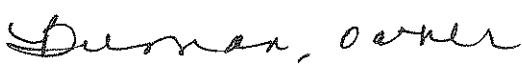
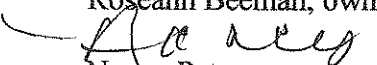
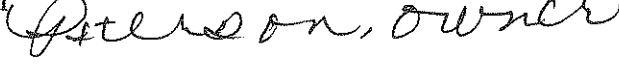
A complaint was called in warranting a site visit on 4/7/06. This complaint was substantiated. Another complaint was made facilitating another visit on 4/19. Roseann Beeman was on site and received the information concerning the complaint. A complete evaluation of staff files, children's files and facility inspection was completed on that day. Ms. Beeman corrected the violations and looked forward to another evaluation verifying the corrections. When the Evaluator returned on 5/3 she did not find the corrections in order, instead she cited more and different issues that fell into the children's personal rights and Staff: Child ratio categories. It is with this particular visit that we take issue. Please find these issues listed as follows:

1. The Evaluator cited the spoon-feeding of infants in seats formerly used as car seats. The seats are no longer regulation car seats. We must state that these seats have been used and cleared by other Licensing Evaluators throughout the past 18 years. These seats are comfortable for infants and sanitary in that they are plastic and able to be washed thoroughly after each use. We have felt them to be ideal for the feeding of infants not quite ready to sit at a feeding table.
2. We were cited for having 1 teacher and 2 aides supervising a group of 11 toddlers in an area licensed and approved for 13 children. There is a doorway between the 2 classrooms and the teacher moves back and forth interacting with the children as well as supervising the 2 aides. This procedure was approved and has been effective since the licensing of this facility in 1996. It is our desire to continue this procedure as initially approved.

We would like to address some questions and concerns regarding further evaluations. It is not our intention to be out of compliance with regulations at any time. It is and always will be our intention to maintain a safe and happy environment for our babies. We have been in business at First Steps Learning Center since 1986 and look forward to continuing the quality of care that has earned us an excellent reputation. At the present time we feel that we are in complete compliance with all regulations, but have a concern regarding the Evaluator's interpretation of the regulations in the event that the evaluator may seek to find other violations upon her next visit. We are also asking for some help with the civil penalty as the seats used to feed the infants have been seen by other evaluators without a citation and the use of 1 teacher and 2 aides supervising the Toddler Room was reviewed many times by other evaluators and never warranted a citation. We look forward to continuing to provide care for the babies with the same

developmentally appropriate practices that we have found to be conducive to a safe and happy environment. We ask that feedback be provided in a positive and constructive manner in order to meet this on-going goal. With this in mind, we are appealing the 2 violations cited on 5/3/06. As always, we respect and value the regulations, but ask that feedback be provided in a positive and constructive manner in order to uphold our joint obligation and commitment to the babies and families of this community.

Yours truly,

   
Roseann Beeman, owner  
   
Nancy Peterson, owner


**NOTICE OF CIVIL PENALTIES DUE**☒ Initial Invoice☐ Final NoticeINVOICE NO. 0201527DISTRICT OR COUNTY OFFICE NUMBER 02

FACILITY NAME		
FIRST STEPS LEARNING CENTER		
FACILITY ADDRESS		
3201 STANLEY BLVD		
CITY	STATE	ZIP CODE
LAFAYETTE	CA	94549

LICENSEE(S) OR UNLICENSED FACILITY OPERATOR		
FIRST STEPS LEARNING CENTER		
ADDRESS		
3201 STANLEY BLVD		
CITY	STATE	ZIP CODE
LAFAYETTE	CA	94549

FISCAL YEAR	DATE LIC 422 SENT
2005/2006	08/03/06
FACILITY TYPE	PENALTY PCA CODE
CCC	84850

FACILITY NUMBER
073400647

SUPERVISOR APPROVAL	DATE
	08/03/06
TITLE	
BARBARA BOBINCHECK, LUM	

The California Health and Safety Code, Sections 1548, 1568.0822, 1569.49, 1596.99, and 1597.62 provides for the imposition of civil penalties against any facility which fails to take corrective action within prescribed time periods.

The California Health and Safety Code, Sections 1547, 1568.0821, 1569.485, 1596.89, 1596.891 and 1597.61 provides for the imposition of civil penalties against any *unlicensed* facility which fails to take corrective action within prescribed time periods.

The California Health and Safety Code, Sections 1522, 1568.09, 1569.17, 1596.871, and 1596.8712 provides for the imposition of immediate civil penalties against any facility which fails to comply with fingerprinting or other criminal background requirements.

Your facility has been found in violation of Community Care Licensing statutes and regulations.

A failure to correct the immediate Civil Penalty or deficiency(ies) cited on the Licensing Report (LIC 809 or LIC 9099) dated 04/19/06 has resulted in the following civil penalty assessment of:

Penalty Amount Due .....	\$150.00
Less Payment(s) Received .....	\$0.00
<b>BALANCE DUE.</b> .....	<b>\$150.00</b>

Send the enclosed copy of this notice and your payment to the address shown below within **10 days**. **MAKE CHECKS PAYABLE TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**. Please write your invoice and facility number(s) on your check.

CDSS, COMMUNITY CARE LICENSING

ATTN: CIVIL PENALTY- BECKY WELCH

1515 CLAY STREET, SUITE 1102

OAKLAND CA 94612-1469

**FAILURE TO PAY CIVIL PENALTY MAY RESULT IN ANY OR ALL OF THE FOLLOWING:**

- SMALL CLAIMS COURT ACTION
- LICENSE DENIAL, SUSPENSION, OR REVOCATION
- SEIZURE OF PERSONAL INCOME TAX REFUNDS

**CIVIL PENALTY ASSESSMENT**

FACILITY NAME <b>FIRST STEPS LEARNING CENTER</b>	DATE <b>04/19/2006</b>
FACILITY ADDRESS <b>3201 STANLEY BOULEVARD</b>	CITY <b>LAFAYETTE</b>
STATE <b>CA</b>	ZIP CODE <b>94549</b>
LICENSEE(S)/OPERATOR <b>PROFESSIONAL CHILDCARE MANAGEMENT INC.</b>	FACILITY NUMBER <b>073400647</b>

**LICENSED FACILITY**

Civil penalties can be assessed against any facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1548, 1568.0822, 1569.99. You are hereby notified that a civil penalty has been assessed.

The above facility has been found in violation of the California Code of Regulations, Title 22, Divisions 6, and/or 12, Section(s) <sup>101323</sup> and/or California Health and Safety Code, Chapters 3, 3.01, 3.2, 3.4, and 3.5 Section(s)

A Facility Evaluation Report (LIC 809) was issued on **04/19/2006** giving notice that failure to correct the above violation(s) would result in a civil penalty.

- ☐ Because you failed to make the corrections specified on the LIC 809, a civil penalty of **\$0.00** is assessed for the period from through .
- ☐ A civil penalty of \$50 per violation per day, up to a maximum of \$150 per day will be assessed. This will continue until correction(s) are made to comply with the licensing laws, regulations, and approval of the California Department of Social Services or authorized licensing agency.
- ☒ Because you repeated a violation of the same subsection within a 12 month period, an immediate civil penalty of **\$150.00** is assessed for **04/19/2006**, the day the deficiency was cited.
- ☒ All Facility Types: **Second citation** within a 12 month period; an immediate civil penalty of \$150 per violation then \$50 per day per violation until corrections are made.
- ☐ Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically ILL (RCF-CI): **Third citation** within 12 month period; an immediate civil penalty of \$1,000 per violation then \$100 per day per violation until corrections are made.
- ☐ Family Child Care Homes (FCCH), Child Care Centers (CCC), Community Care Facility (CCF): **Third citation** within 12 month period; an immediate civil penalty of \$150 per violation then \$150 per day per violation until corrections are made.
- ☐ Violations which result in injury, sickness, or death: An immediate civil penalty of \$150 per violation and then \$150 per day per violation until corrections are made.

YOU WILL RECEIVE A BILL IN THE MAIL.

DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL!

NAME OF LICENSING PROGRAM ANALYST <b>Margaret Armijo</b>	NAME OF FACILITY REPRESENTATIVE/TITLE <b>Roseann Beeman</b>	
SIGNATURE OF LICENSING PROGRAM ANALYST <i>Margaret Armijo</i>	SIGNATURE OF FACILITY REPRESENTATIVE <i>Roseann Beeman</i>	
SUPERVISOR REVIEW/SIGNATURE (FOR INTERNAL USE ONLY) <i>Barbara Bobincheck</i> <i>Caroline Colson</i>	TITLE <b>Director</b>	DATE <b>4-19-06</b>



**INSTRUCTIONS FOR COMPLETING THE FACILITY  
CIVIL PENALTY ASSESSMENT FORM FOR LICENSED FACILITIES**

**EXPLANATION TO LICENSEE**

A visit was conducted at the above facility by a Licensing Evaluator. During that visit one or more violations of the licensing statutes and regulations were identified. A Facility Evaluation Report (LIC 809) was issued establishing the dates by which corrections must have been made.

Since you have failed to make all of the required corrections, you must pay the civil penalty described on page one of this form until you have confirmed to the satisfaction of the California Department of Social Services that each of the violations has been corrected.

**IT IS YOUR RESPONSIBILITY** to notify the licensing agency in writing or by the telephone when the required corrections have been made. If you wish to request a review of the Civil Penalty Assessment, contact the designated reviewer in writing at the licensing office within 10 days.

Payment is due when billed and the check(s) shall be made payable to the "California Department of Social Services". Please write the facility number and invoice number on your check.

**DO NOT SEND CASH.**

**NOTE:** Civil penalties may be imposed in addition to the penalties of suspension or revocation as provided in the California Health and Safety Code Sections 1548, 1568.0822, 1569.49, and 1596.99. In addition to the imposition of civil penalties, the California Health and Safety Code Sections 1550, 1569.50 and 1596.885 also authorizes the suspension or revocation of a license based on licensing violations.

**APPEAL RIGHTS**

The applicant/licensee has a right without prejudice to discuss any disagreement concerning the proper application of licensing laws and regulations, with the licensing agency. When civil penalties are involved, the licensee may request a formal review by the licensing agency to amend, extend the due date, or to dismiss the penalty. Requests for civil penalty appeal must be in writing, must be postmarked within 10 days of receipt of this form, and must be addressed to the District Office of jurisdiction over the facility. The agency has a duty to review the facts presented without prejudice, within a 10-day period. Upon review of the facts upon which the appeal is based, the agency may amend any portion of the action taken, or may dismiss the violation. The licensing agency review of an appeal may be conducted based upon information provided in writing by the licensee. The licensee may request an office interview to provide additional information. The licensee will be notified in writing of the results of the agency review.



# PERSONNEL REPORT

**INSTRUCTIONS:** This form is intended for keeping a current roster of all the facility personnel, including backup persons, volunteers and licensee if administrator/director. Show license/certificate number if applicable for specialized staff (e.g., Social Worker and other consultant(s)). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

REPORTED BY <b>First 5400</b>	FACILITY TYPE <b>INPAT</b>	FACILITY NUMBER <b>073400647</b>
STAFF SUBJECT TO FINGERPRINT REQUIREMENTS: The following staff members are subject to a criminal record check following employment or initial presence in the facility.		
DATE <b>5.20.00</b>		

NAME AND TITLE (LICENSE/CERTIFICATE IF APPLICABLE)	DATE EMPL'D	JOB DESCRIPTION (INCLUDE IF UNDER "ON" OR "OFF" SITE SUPERVISION AND DEGREE OF CONTACT WITH CLIENTS)	DAYS AND HOURS ON DUTY			DO NOT WRITE IN THIS SPACE (For Licensing Agency Use Only When Reviewing Facility Files)			
			DAYS	FROM	TO				
Nadine Schultz	9/1/03	Director/Teacher	M-F	6:30	2:30				
Melissa Mortei	3/30/06	Aide	M-F	7:00	4:00				
Harry Schwab	9/1/91	Director/Teacher	M-F	12:00	6:20				
Yvette Hernandez	5/9/06	Aide	M-F	8:00	5:40				
Laura Lund	1/17/03	Teacher	M-F	8:30	5:20				
Ala Zaphan	10/3/99	Aide	M-F	8:30	5:30				
Laure Hordough	10/6/05	Aide	M-F	2:15	6:30				
Nelle Bronson	5/8/04	Teacher	M-F	8:00	5:00				
Stephanie Valdez	3/17/04	Aide	M-F	7:45	4:45				
Shang Corlorwulu	5/23/00	Teacher	M-F	9:00	6:00				
Monika Harrison	10/30/05	Aide	M-F	8:00	5:00				
Robert DeVos	1/30/00	Teacher	M-F	7:30	4:30				
Ameron Altrec	5/8/00	Aide	M-F	9:00	6:01				
Lesba Herbig	5/12/03	Teacher/Substitute	AD	Needed					
Leann Myers	9/1/04	Aide	M-F	7:45	2:00				
Robert Beeman	10/1/86	Teacher/Director	M-F	AD	Needed				
Nancy Peterson	10/1/86	Teacher/Director/AD	AD	Needed					
Sherry Grisher	4/24/00	Teacher/Substitute	AD	Needed					

Continued on Reverse

\*Required only for staff transporting clients

4-20-06

First Steps Learning Center  
# 0734 0064

Dear Mrs. Armijo,

I am writing to state that below  
addressed citations have been  
corrected today: 4/20/06.

- 1) <sup>we</sup> Reduced to 6 infants in Munchkin  
room
- 2) Staff-Infant ratios as in  
compliance at all <sup>the</sup> times.  
See Lic. 500
- 3) All sleeping infants are in  
cribs.
- 4) All Staff washes hands with  
soap and water after each  
diaper changing.

Thank you,

Russell Burns  
Director

First Steps Learning Center  
3201 Stanley Blvd.  
Lafayette, CA 94549

April 10, 2006

Dear Parents,

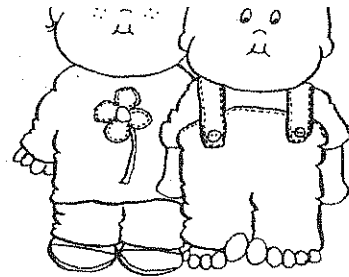
Attached please find and complete the Family Patterns Form for inclusion into your child's file. This form must be updated each quarter, as needs and services change according to your child's development. We ask that you return this form directly to your child's teacher no later than Thursday, April 13<sup>th</sup>. At that time you may address any other needs, concerns or wishes that pertinent to your child's care and well-being.

Thank you for your immediate attention to this matter.

Roseann, Mary and Nadine



FIRST STEPS LEARNING CENTER  
3201 Stanley Blvd.  
Lafayette, CA 94549  
(925) 933-6283



INFANT PROGRAM  
Family Patterns

Date \_\_\_\_\_

(For Classroom Use)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Persons authorized to pick up your child from school:

Name _____	Relationship _____
_____	_____
_____	_____
_____	_____

Please list any other adults/children in the household \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any major changes in the family, such as divorce, death, accidents, medical problems, birth of another child, or move to a new home? \_\_\_\_\_  
\_\_\_\_\_

Daily Routine:

What time does your child go to bed? \_\_\_\_\_ Gets Up? \_\_\_\_\_

Does your child nap during the day? \_\_\_\_\_ How often? \_\_\_\_\_

When? \_\_\_\_\_ How long? \_\_\_\_\_

Special sleep needs? (toys, blanket, bottle, rocking) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Feeding Schedule : (what, how much & when) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**03/28/2006** and conducted by Evaluator Margaret Armijo

**PUBLIC****COMPLAINT CONTROL NUMBER: 02-CC-20060328143648**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	073400647
<b>DIRECTOR:</b>	FOLEY, CHARLOTTE	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>STATE: CA</b>	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b>	32	<b>CENSUS: 32</b>	<b>DATE:</b> 04/07/2006
		<b>UNANNOUNCED</b>	<b>TIME VISIT BEGAN:</b> 08:30 AM
<b>MET WITH:</b>	Nadine Schultz		<b>TIME COMPLETED:</b> 11:45 AM

**ALLEGATION(S):**

- 1 Personal Rights - Child care worker was screaming and swearing at children.
- 2
- 3
- 4
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- 6
- 7
- 8
- 9

**INVESTIGATION FINDINGS:**

- 1 Analyst was told by more than one person that a staff person at the facility id yell and swear at a child in care.
- 2 Some staff at the facility were interviewed. Violation of personal right's cited on LIC 809D
- 3
- 4
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- 6
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- 9
- 10
- 11
- 12
- 13

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Barbara Bobincheck**TELEPHONE:** 510 622 2602**LICENSING EVALUATOR NAME:** Margaret Armijo**TELEPHONE:** 510 622 2602**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_**DATE:** 04/07/2006**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_**DATE:** 04/07/2006**DUPLICATE  
BE ATTACHED  
ORIGINAL**

02-CC-200603281

## COMPLAINT INVESTIGATION REPORT

COMPLAINT CONTROL NUMBER 43648

This is an official report of an unannounced visit/investigation of a complaint received in our office on 3-28-06 and conducted by Evaluator Margaret Armijo

FACILITY NAME First Steps Learning Ctr.	FACILITY NO. 073400647	FACILITY TYPE Infant Ctr.	FACILITY REPRESENTATIVE Nadine Schultz
ADDRESS 3201 Stanley Blvd. Lafayette	TELEPHONE 933 6283	CAPACITY 32	CENSUS 19
<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> CONFIDENTIAL	MET WITH Nadine Schultz and Mary S.	TIME IN	TODAY'S DATE 4-7-06

ALLEGATION(S): Personal Rights - child care worker was screaming and swearing at children

## INVESTIGATION FINDINGS:

Analyst was told by more than one person that a staff person at the facility did yell and swear at a child in care. Some staff at the facility were interviewed. violation of personal rights cited on Lic. 809D

☒ Substantiated ☐ Inconclusive ☐ Unfounded ☐ Needs Further Investigation  
Estimated Days of Completion

## USE LIC 809 FOR ALL CITATIONS

LICENSING ANALYST SIGNATURE Margaret Armijo	TIME OUT	TELEPHONE (510) 622 2602	I acknowledge receipt of this form and understand my appeal rights as explained on the back of this form.	
NAME OF SUPERVISOR Barbara Bobincheck	TELEPHONE (510) 622 2602	SIGNATURE Mary Schwartz	DATE 4-7-06	

Distribution: Original: Agency Duplicate: Licensee Triplicate: File.

Page 1 of 1

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/07/2006

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/08/2006 Section Cited 101223	1 Personal Rights The licensee shall ensure that each child is 2 accorded dignity in his/her personal relationship with staff. To 3 be free from corporal or unusual punishment, humiliation, 4 threat, mental abuse or other actions of a punitive nature. A 5 child care worker screamed and swore at a child in care. 6 7	1 Licensee must ensure that each child is 2 accorded dignity in his/her personal 3 relationship with staff. Child's rights 4 must not be violated. 5 6 7
Type A 05/07/2006 Section Cited 101419.2	1 Infant needs and service plan required and plan must be 2 updated quarterly. Analyst was told that infant needs and 3 service plan has been done at enrollment only. 4 5 6 7	1 Complete and update needs and 2 service plan for each child. 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Barbara Bobincheck

TELEPHONE: 510 622 2602

LICENSING EVALUATOR NAME: Margaret Armijo

TELEPHONE: 510 622 2602

LICENSING EVALUATOR SIGNATURE: \_\_\_\_\_

DATE: 04/13/2006

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: \_\_\_\_\_

DATE: 04/13/2006

DUPLICATE  
SEE ATTACHED  
ORIGINAL



## FACILITY EVALUATION REPORT

REFER TO

See other side for explanation of form.

Mary Schwank

FACILITY NAME <i>First Steps Learning Ctr.</i>	DIRECTOR <i>Nadine S.</i>	FACILITY NUMBER <i>073400647</i>	FACILITY TYPE <i>Infant ctr.</i>
ADDRESS <i>3201 Stanley Blvd. Lafayette</i>	TELEPHONE <i>933 6283</i>	CAPACITY <i>32</i>	CENSUS <i>19</i>
DATE <i>4-7-06</i>			
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> MET WITH		<input type="checkbox"/> ANNOUNCED	
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		<input checked="" type="checkbox"/> UNANNOUNCED	
TIME VISIT BEGAN		TIME COMPLETED	

## DEFICIENCY INFORMATION FOR THIS PAGE:

- ☒ Type A  
☐ Type B
- ☐ No Deficiency Cited

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given
- ☐ Penalty Cleared ☐ Not Applicable

COMMENTS/DEFICIENCIES	PLAN OF CORRECTIONS (POCs)	POC DUE DATE
Section 101223 Personal Rights The Licensee shall ensure that each child is accorded dignity in his/her personal relationship with staff. To be free from corporal or unusual punishment, humiliation, threat, mental abuse, or other actions of a punitive nature. A child care worker screamed and swore at a child in care.	Licensee must ensure that each child is accorded dignity in his/her personal relationship with staff. Child's rights must not be violated.	4/8/06
Section 101419.2 Infant needs and service plan require and plan must be updated quarterly. Analyst was told that infant needs and service plan has been done at enrollment only.	Complete and update needs and service plan for each child	5/1/06

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

LICENSING EVALUATOR SIGNATURE <i>Mary Schwank</i>	TELEPHONE <i>(510) 622 2602</i>	DATE <i>4-7-06</i>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <i>Barbara Bobincheck</i>	TELEPHONE <i>510 622 2602</i>	FACILITY REPRESENTATIVE SIGNATURE <i>Mary C. Schwank</i>	
LIC 809 (7/00)		Page <u>2</u> of <u>2</u> pages	

AGENCY COPY

LIC 809 D

**FACILITY EVALUATION REPORT**

REFER TO

See other side for explanation of form.

FACILITY NAME <b>First Step Hearing Center</b>	DIRECTOR <b>Roseann Berman</b>	FACILITY NUMBER <b>073400647</b>	FACILITY TYPE <b>Infant</b>
ADDRESS <b>3201 Stanley Blvd Lafayette</b>	TELEPHONE <b>(510) 602-283</b>	CAPACITY <b>32</b>	DATE <b>10/22/04</b>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input checked="" type="checkbox"/> MET WITH		<input type="checkbox"/> ANNOUNCED	TIME VISIT BEGAN
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> FOLLOW-UP		<input checked="" type="checkbox"/> UNANNOUNCED	TIME COMPLETED <b>7:30</b> <b>7:45</b>

**DEFICIENCY INFORMATION FOR THIS PAGE:**

- ☐ Type A  
☐ Type B  
☒ No Deficiency Cited

**CIVIL PENALTY INFORMATION:**

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

**COMMENTS/DEFICIENCIES****PLAN OF CORRECTIONS (POCs)**POC  
DUE DATE

visit Today's visit is a follow-up to my 10-18-04 visit

The following is corrected:  
 Sec 101416.5(b) staff - Infant ratio  
 The ratio was fine today

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

LICENSING EVALUATOR SIGNATURE <b>Wendy Shipman</b>	TELEPHONE <b>(510) 602-283</b>	DATE <b>10/22/04</b>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <b>Diane Coleman</b>	TELEPHONE <b>(510) 602-283</b>	FACILITY REPRESENTATIVE SIGNATURE <b>Roseann Berman</b>	
			DATE <b>10/22/04</b>

**FACILITY EVALUATION REPORT**

FACILITY NAME: FIRST STEPS LEARNING CENTER

DIRECTOR: FOLEY, CHARLOTTE

ADDRESS: 3201 STANLEY BOULEVARD

CITY: LAFAYETTE

STATE: CA

FACILITY NUMBER: 073400647

FACILITY TYPE: 830

TELEPHONE: (925) 933-6283

ZIP CODE: 94549

CAPACITY: 32

CENSUS: 10

DATE: 10/22/2004

TYPE OF VISIT: POC

UNANNOUNCED

TIME BEGAN: 07:30 AM

MET WITH: R Beeman

TIME COMPLETED: 07:45 AM

**DEFICIENCY INFORMATION FOR THIS PAGE:****CIVIL PENALTY INFORMATION:**

No Deficiency Cited

**COMMENTS/DEFICIENCIES**

1 Today's visit is a followup to my 10-18-04 visit.

2 The following is corrected:

3 Sec 101416.5b Staff-Infnat Ratio

4 The ratio was fine today

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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Diane Gorman

TELEPHONE: (510)622-2602

LICENSING EVALUATOR NAME: Wendy Shipnuck

TELEPHONE: (510)622-2624

LICENSING EVALUATOR SIGNATURE: \_\_\_\_\_

DATE: 10/22/2004

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: \_\_\_\_\_

DATE: 10/22/2004

## COMPLAINT INVESTIGATION REPORT

COMPLAINT CONTROL NUMBER 14This is an official report of an unannounced visit/investigation of a complaint received in our office on 10/7/04 and conducted by Evaluator Wendy Shipmuck

FACILITY NAME <u>First Steps Learning Center</u>	FACILITY NO. <u>073400647</u>	FACILITY TYPE <u>Infant center</u>	FACILITY REPRESENTATIVE <u>Roseann Beeman</u>
ADDRESS <u>3201 Stanley Blvd Lafayette</u>	TELEPHONE <u>9336283</u>	CAPACITY <u>32</u>	CENSUS <u>13</u>
<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> CONFIDENTIAL	MET WITH <u>R Beeman</u>	TIME IN <u>7:40</u>	TODAY'S DATE <u>10-18-04</u>

## ALLEGATION(S):

License- There are nine infants in care in the morning and the facility only has two teachers. Because of the shortage of staff, one teacher is often left alone with 8 infants while the other staff is busy changing diapers.

## INVESTIGATION FINDINGS:

When I arrived there was one teacher in one room with 8 infants and another teacher in another room with 5 infants. They were the only staff present.

☒ Substantiated ☐ Inconclusive ☐ Unfounded ☐ Needs Further Investigation  
Estimated Days of Completion

## USE LIC 809 FOR ALL CITATIONS

LICENSING ANALYST SIGNATURE <u>Wendy Shipmuck</u>	TIME OUT <u>8:05</u>	TELEPHONE <u>( ) 622624</u>	I acknowledge receipt of this form and understand my appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <u>Diane Coleman</u>	TELEPHONE <u>( ) 622602</u>	SIGNATURE <u>Roseann Beeman</u>	
			DATE <u>10/18/04</u>

Distribution: Original: Agency Duplicate: Licensee Triplicate: File.

Page 1 of 2

**FACILITY EVALUATION REPORT**

REFER TO

See other side for explanation of form.

FACILITY NAME <i>First Step Learning Center</i>		DIRECTOR	FACILITY NUMBER <i>073400647</i>	FACILITY TYPE
ADDRESS		TELEPHONE ( )	CAPACITY	CENSUS
				DATE <i>10/18/04</i>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> MET WITH		<input type="checkbox"/> ANNOUNCED		TIME VISIT BEGAN
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		<input type="checkbox"/> UNANNOUNCED		TIME COMPLETED

**DEFICIENCY INFORMATION FOR THIS PAGE:**

- ☒ Type A ☐ No Deficiency Cited  
☐ Type B

**CIVIL PENALTY INFORMATION:**

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

**COMMENTS/DEFICIENCIES****PLAN OF CORRECTIONS (POCs)**POC  
DUE DATE

*Sec 101416.5(b) Staff-Infant Ratio*  
*There were 8 infants with*  
*one teacher in one room &*  
*5 with one teacher in another*  
*room.*

*In 7:15 teacher*  
*(Alene Ramirez)*  
*will work 7:15 - 4:15 pm -*  
*10/19/04*

*Monica will*  
*remain w/*  
*Nadine @*  
*all times -*  
*She was there*  
*only not on*  
*deck -*

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

LICENSING EVALUATOR SIGNATURE <i>Wendy Imbruck</i>	TELEPHONE ( )	DATE <i>10/18/04</i>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR	TELEPHONE ( )	FACILITY REPRESENTATIVE SIGNATURE <i>Roseanne Beerna</i>	
			DATE

**COMPLAINT INVESTIGATION REPORT (Cont)**FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/18/2004

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/19/2004 Section Cited 101416.5b	1 There were 8 infants with one teacher in one room & 5 with one 2 teacher in another room. 3 4 5 6 7	1 The 7:45 teacher (Denise Ramirez) will 2 work 7:15-4:15pm 3 Monica will remain w/Nadine at all times. 4 She was there only not in sight 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Diane Gorman

TELEPHONE: (510)622-2602

LICENSING EVALUATOR NAME: Wendy Shipnuck

TELEPHONE: (510)622-2624

LICENSING EVALUATOR SIGNATURE: \_\_\_\_\_

DATE: 10/18/2004

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: \_\_\_\_\_

DATE: 10/18/2004

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**10/07/2004** and conducted by Evaluator Wendy Shipnuck

**PUBLIC****COMPLAINT CONTROL NUMBER:**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	073400647
<b>DIRECTOR:</b>	FOLEY, CHARLOTTE	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>STATE:</b> CA	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b>	32	<b>CENSUS:</b> 13	<b>DATE:</b> 10/18/2004
	Complaint	<b>UNANNOUNCED</b>	<b>TIME VISIT BEGAN:</b> 07:40 AM
<b>MET WITH:</b>	R Beeman		<b>TIME COMPLETED:</b> 08:05 AM

**ALLEGATION(S):**

1 License - There are nine infants in care in the morning and the facility only has two teachers. Because of the  
2 shortage of staff, one teacher is often left alone with 8 infants while the other staff is busy changing diapers.  
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**INVESTIGATION FINDINGS:**

1 When I arrived there was one teacher in one room with 8 infants & another teacher in another room with 5  
2 infants. They were the only staff present.  
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**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Diane Gorman**TELEPHONE:** (510)622-2602**LICENSING EVALUATOR NAME:** Wendy Shipnuck**TELEPHONE:** (510)622-2624**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_**DATE:** 10/18/2004

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_**DATE:** 10/18/2004

DUPLICATE  
NOT ATTACHED  
10/18/04

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on 03/25/2003 and conducted by Evaluator Darlene Tisdell

**COMPLAINT CONTROL NUMBER:**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	73400647
<b>DIRECTOR:</b>	FOLEY, CHARLOTTE	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>STATE:</b> CA	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b>	32	<b>CENSUS:</b> 26	<b>DATE:</b> 04/01/2003
<b>MET WITH:</b>	Charlotte Foley	<b>TIME BEGAN:</b>	09:30 AM
		<b>TIME COMPLETED:</b>	

**ALLEGATION(S):**

1 LICENSE -- In the morning there are 10 infants in care with only two staff. Five infants in each room; the rooms  
2 are separated only by an infant gate.  
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**INVESTIGATION FINDINGS:**

1 LPA reviewed sign in and sign out sheets for the children for the week of 3/24/03 and the time cards for staff.  
2 Director Charlotte Foley was also interviewed. On 3/25/03, there were at least 9 infants in care only 2 staff (1  
3 teacher/director and 1 aide). Based upon the investigative findings the complaint allegation is deemed  
4 substantiated.  
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13 SEE 809-D FOR DEFICIENCY NOTICE

**Estimated Days of Completion:****SUPERVISOR'S NAME:** Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Michele Byers**TELEPHONE:** (510)873-6410**LICENSING EVALUATOR SIGNATURE:** *Michele Byers***DATE:** 07/29/2003

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_**DATE:** 07/29/2003



## COMPLAINT INVESTIGATION REPORT

COMPLAINT CONTROL NUMBER 26893This is an official report of an unannounced visit/investigation of a complaint received in our office on 3/25/03 and conducted by Evaluator Michele Byers

FACILITY NAME <u>First Steps Learning Center</u>	FACILITY NO. <u>73400647</u>	FACILITY TYPE <u>Infant</u>	FACILITY REPRESENTATIVE <u>Charlotte Foley</u>
ADDRESS <u>3201 Stanley Blvd Lafayette 94549</u>	TELEPHONE <u>(925) 933-6283</u>	CAPACITY <u>32</u>	CENSUS <u>26</u>
<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> CONFIDENTIAL	MET WITH <u>Charlotte Foley</u>	TIME IN <u>9:30 AM</u>	TODAY'S DATE <u>4/1/03</u>

ALLEGATION(S): License.

In the morning there are 10 infants in care with only two staff. Five infants in each room; the rooms are separated with only an infant gate.

## INVESTIGATION FINDINGS:

LPA reviewed sign in and out sheets for the children for the week of 3/24/03 and the time cards for staff. Director Charlotte Foley was also interviewed. ~~Based~~ ON 3/25/03, there were at least 9 infants in care for a period of time in the morning with only 2 staff (1 Teacher/Director and 1 aide). Based upon the investigative findings the complaint allegation is deemed substantiated.

See 809 for Deficiency notice

☒ Substantiated ☐ Inconclusive ☐ Unfounded ☐ Needs Further Investigation  
Estimated Days of Completion

## USE LIC 809 FOR ALL CITATIONS

LICENSING ANALYST SIGNATURE <u>Michele Byers</u>	TIME OUT	TELEPHONE <u>(570) 823-6410</u>	I acknowledge receipt of this form and understand my appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <u>Daryl Jefferson</u>	TELEPHONE <u>(570) 622-2602</u>	SIGNATURE <u>Charlotte Foley</u>	
			DATE <u>4-1-03</u>

Distribution: Original: Agency Duplicate: Licensee Triplicate: File.

**COMPLAINT INVESTIGATION REPORT (Cont)**FACILITY NAME: FIRST STEPS LEARNING CENTER  
DEFICIENCY INFORMATION FOR THIS PAGE:FACILITY NUMBER: 73400647  
VISIT DATE: 04/01/2003

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/01/2003 Section Cited 101416.5(b)(1)(A)(B )	1 STAFF- INFANT RATIO. 2 On 3/25/03 there was 1 teacher and 1 aide supervising at 9 3 infants in the morning. 4 5 6 7	1 POC DUE DATE: 4/1/03 2 The center will maintain a ratio of 1 3 teacher for every 4 infants/or aide may 4 be substituted for a teacher if a fully 5 qualified teacher is supervising no more 6 than 12 infants and aide is supervising 7 no more than 4 infants.
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Darryl Jefferson

LICENSING EVALUATOR NAME: Michele Byers

LICENSING EVALUATOR SIGNATURE: *Michele Byers*

TELEPHONE: (510) 622-2602

TELEPHONE: (510) 873-6410

DATE: 07/29/2003

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: \_\_\_\_\_ DATE: 07/29/2003

## FACILITY EVALUATION REPORT

REFER TO

See other side for explanation of form.

FACILITY NAME <i>First Steps Learning Ctr Charlotte</i>		FACILITY NUMBER <i>7340067</i>		FACILITY TYPE <i>Infant</i>	
ADDRESS <i>3201 Stanley Blvd Lafayette Ca 94501</i>		CAPACITY <i>32</i>		CENSUS <i>4/1/03</i>	
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> MET WITH		<input type="checkbox"/> ANNOUNCED <input checked="" type="checkbox"/> UNANNOUNCED		TIME VISIT BEGAN	
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		<i>C. Foley</i>		TIME COMPLETED	

## DEFICIENCY INFORMATION FOR THIS PAGE:

- ☐ Type A  
☐ No Deficiency Cited  
☐ Type B

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS/DEFICIENCIES

## PLAN OF CORRECTIONS (POCs)

POC  
DUE DATE

LPA Michele Byers made an unannounced visit to investigate a complaint filed in our office on 3/25/03 alleging that the center was not meeting staff/infant ratio requirements. LPA met with Director Charlotte Foley. Based on the investigation findings the complaint is substantiated (refer to Lic 9099 dated 4/1/03, control # 26893). The following deficiency is cited:

Section 101416.5(b)(1)(A)(B).  
Staff-Infant Ratio.

On 3/25/03 there was 1 teacher and 6 children supervising at least 9 infants in the morning.

POC Due Date: 4/1/03

The center will maintain a ratio of 1 teacher for every 10 infants as a teacher may be substituted for a fully qualified teacher, no supervising no more than 12 infants and no more than 15 infants.

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

LICENSING EVALUATOR SIGNATURE <i>Michele Byers</i>	TELEPHONE <i>573-6410</i>	DATE <i>4/1/03</i>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <i>Doreen Jeffers</i>	TELEPHONE <i>622-2602</i>	FACILITY REPRESENTATIVE SIGNATURE <i>Charlotte Foley</i>	
LIC 809 (7/00)			DATE <i>4-1-03</i>

AGENCY COPY

Page *1* of *1* pages

# FIRST STEPS LEARNING CENTER

3201 Stanley Blvd  
Lafayette, CA 94549  
(925) 933-6283



January 5, 2004

Dear Ms. Byers,

This letter is to inform you that Charlotte Foley, Director for 20 years has retired. In her absence, I will be acting Director of our Center until Mary Schwarck has completed the Supervision and Administration Course for which she is currently enrolled at AOCs in Oakland. Ms. Schwarck has met all other qualifications necessary to be director qualified upon completion, which will take place on March 29, 2004. Please find copies of Designation of Responsibility for our Center in the event of my absence.

Thank you for your consideration on this matter.

Roseann Beeman

A handwritten signature in cursive script that reads "Roseann Beeman".

Owner- Director

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	73400647
<b>DIRECTOR:</b>	FOLEY, CHARLOTTE	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	(925) 933-6283
<b>CITY:</b>	LAFAYETTE	<b>STATE: CA</b>	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b>	32	<b>CENSUS:</b> 26	<b>DATE:</b> 03/26/2003
<b>TYPE OF VISIT:</b>	Annual	<b>UNANNOUNCED</b>	<b>TIME BEGAN:</b> 01:30 PM
<b>MET WITH:</b>	Charlotte Foley and Rose Beeman	<b>TIME COMPLETED:</b>	4:30

**DEFICIENCY INFORMATION FOR THIS PAGE:**  
No Deficiency Cited**CIVIL PENALTY INFORMATION:**  
Not Applicable**COMMENTS/DEFICIENCIES**

- 1 LPA Michele Byers, met with director, Charlotte Foley and owner, Roseann Beeman to conduct a
- 2 comprehensive annual evaluation. The facility was toured and a complete health and safety inspection was
- 3 done. All required forms are posted. There is a working telephone on site. There is a complete first aid kit.
- 4 There is age-appropriate equipment and supplies. There is adequate storage. The play yard is completely
- 5 fenced and drinking water is available outside. There is an adequate food preparation area. The sign in/sign
- 6 out sheet was reviewed and was accurate. Today there were 3 teachers and 5 aides present during the visit.
- 7 The center is operating within it's licensed capacity and staff/infant ratio is in compliance today. Children's
- 8 and staff records were reviewed.
- 9
- 10
- 11 All staff have fingerprint and child abuse clearances on file.
- 12
- 13 No deficiencies cited today.
- 14
- 15 An exit interview was conducted and appeal rights were explained.
- 16
- 17 A COPY OF THIS REPORT MUST BE KEPT ON SITE, AVAILABLE FOR PUBLIC REVIEW ,FOR A
- 18 PERIOD OF 3 YEARS.
- 19
- 20
- 21
- 22
- 23

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISOR'S NAME:** Darryl Jefferson**TELEPHONE:** (510) 622-2602**LICENSING EVALUATOR NAME:** Michele Byers**TELEPHONE:** (510)873-6410**LICENSING EVALUATOR SIGNATURE:** **DATE:** 03/26/2003**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:** **DATE:** 03/26/2003

**FACILITY EVALUATION REPORT**

REFER TO

See other side for explanation of form.

FACILITY NAME <i>First Step Learning Center</i>		DIRECTOR <i>R. Berman</i>		FACILITY NUMBER <i>073400647</i>		FACILITY TYPE <i>Infant</i>	
ADDRESS <i>3201 Stanley Blvd Lafayette</i>		TELEPHONE <i>( ) 933 6283</i>		CAPACITY <i>32</i>		CENSUS <i>13</i>	
DATE <i>1-9-02</i>		TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input checked="" type="checkbox"/> MET WITH		<input type="checkbox"/> ANNOUNCED <input checked="" type="checkbox"/> UNANNOUNCED		TIME VISIT BEGAN <i>815</i>	
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> FOLLOW-UP		<i>R. Berman</i>				TIME COMPLETED <i>835</i>	

**DEFICIENCY INFORMATION FOR THIS PAGE:**

- ☐ Type A ☒ No Deficiency Cited  
☐ Type B

**CIVIL PENALTY INFORMATION:**

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

**COMMENTS/DEFICIENCIES****PLAN OF CORRECTIONS (POCs)**POC  
DUE DATE

Today's visit is a follow-up to  
my 1-7-02 visit

The following deficiencies corrected  
Sec 14016.5 Staff - Infant Ratio  
The center was in ratio today

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

LICENSING EVALUATOR SIGNATURE <i>Wendy Shumate</i>	TELEPHONE <i>( ) 622 1214</i>	DATE <i>1-9-02</i>	I understand my licensing appeal rights as explained on the back of this form.	
NAME OF SUPERVISOR <i>Dee Comer</i>	TELEPHONE <i>( ) 622 1214</i>	FACILITY REPRESENTATIVE SIGNATURE <i>R. Berman</i>	DATE	

LIC 809 (7/00)

AGENCY COPY

Page 1 of 1 pages

**FACILITY EVALUATION REPORT**BADO, 1615 Clay St., #1102  
Oakland, CA 94612

FACILITY NAME:	FIRST STEPS LEARNING CENTER	FACILITY NUMBER:	73400647
DIRECTOR:	FOLEY, CHARLOTTE	FACILITY TYPE:	830
ADDRESS:	3201 STANLEY BOULEVARD	TELEPHONE:	9259336283
CITY:	LAFAYETTE	STATE: CA	ZIP CODE: 94549
CAPACITY:	32	CENSUS: 13	DATE: 01/09/2002
TYPE OF VISIT:	POC	UNANNOUNCED	TIME BEGAN: 08:15 AM
MET WITH:	R Beemon		TIME COMPLETED: 08:35 AM

**DEFICIENCY INFORMATION FOR THIS PAGE:****CIVIL PENALTY INFORMATION:**

No Deficiency Cited

**COMMENTS/DEFICIENCIES**

1	Today's visit is a followup to my 1-7-02 visit.
2	The following deficiency was corrected:
3	Sec. 101416.5 Infant Staff Ratio
4	The center was in ratio today.
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: , Barbara Bobincheck, Diane Gorman

TELEPHONE: ; 510-622-2602;  
510-622-2593

LICENSING EVALUATOR NAME:

TELEPHONE: ; ;

LICENSING EVALUATOR SIGNATURE: \_\_\_\_\_

DATE: 01/09/2002

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: \_\_\_\_\_ DATE: 01/09/2002

DUPLICATE  
SEE ATTACHED  
ORIGINAL

## COMPLAINT INVESTIGATION REPORT

COMPLAINT CONTROL NUMBER 87This is an official report of an unannounced visit/investigation of a complaint received in our office on 1-4-02 and conducted by Evaluator Wendy Shipman

FACILITY NAME <u>First Steps Learning Center</u>	FACILITY NO. <u>073400647</u>	FACILITY TYPE <u>Infant</u>	FACILITY REPRESENTATIVE <u>Rosann Berman</u>
ADDRESS <u>3201 Stanley Blvd Lafayette</u>	TELEPHONE <u>933 6283</u>	CAPACITY <u>32</u>	CENSUS <u>25</u>
<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> CONFIDENTIAL	MET WITH <u>R. Berman</u>	TIME IN <u>2</u>	TODAY'S DATE <u>1/7/02</u>

## ALLEGATION(S):

Ratio- Toddler room has a 1:9 ratio

## INVESTIGATION FINDINGS:

Today the room had an aide and 6 toddlers who had woke up were all up. The teacher was returning from her lunch break as I entered the classroom. The other 3 rooms were in compliance today.

☒ Substantiated ☐ Inconclusive ☐ Unfounded ☐ Needs Further Investigation  
Estimated Days of Completion

## USE LIC 809 FOR ALL CITATIONS

LICENSING ANALYST SIGNATURE <u>Wendy Shipman</u>	TIME OUT <u>245</u>	TELEPHONE ( ) <u>622224</u>	I acknowledge receipt of this form and understand my appeal rights as explained on the back of this form.	
NAME OF SUPERVISOR <u>Dea Gorman</u>	TELEPHONE ( ) <u>622224</u>	SIGNATURE <u>Rosann Berman</u>	DATE <u>1/7/02</u>	

Distribution: Original: Agency Duplicate: Licensee Triplicate: File.

Page 1 of 2



**FACILITY EVALUATION REPORT**

REFER TO

See other side for explanation of form.

FACILITY NAME <i>First Step Learning Center</i>	DIRECTOR	FACILITY NUMBER <i>073400647</i>	FACILITY TYPE
ADDRESS	TELEPHONE ( )	CAPACITY	CENSUS
		DATE <i>1/7/02</i>	
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> MET WITH		<input type="checkbox"/> ANNOUNCED	
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		<input type="checkbox"/> UNANNOUNCED	
		TIME VISIT BEGAN	
		TIME COMPLETED	

**DEFICIENCY INFORMATION FOR THIS PAGE:**

- ☒ Type A  
☐ Type B  
☐ No Deficiency Cited

**CIVIL PENALTY INFORMATION:**

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

**COMMENTS/DEFICIENCIES****PLAN OF CORRECTIONS (POCs)**POC  
DUE DATE

*Sec 101416.5 (a)(b) Staff -  
 Infant Ratio  
 The ratio was off in the  
 toddler room*

*No Behavior  
 gave me a new  
 staff plan*

*1/8/02*

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

LICENSING EVALUATOR SIGNATURE <i>Wendy Simpson</i>	TELEPHONE ( )	DATE	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR	TELEPHONE ( )	FACILITY REPRESENTATIVE SIGNATURE <i>Roseanne DeLeon</i>	
		DATE <i>1/7/02</i>	

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
**01/04/2002** and conducted by Evaluator Wendy Shipnuck

**PUBLIC****COMPLAINT CONTROL NUMBER:**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	73400647
<b>DIRECTOR:</b>	FOLEY, CHARLOTTE	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	9259336283
<b>CITY:</b>	LAFAYETTE	<b>STATE: CA</b>	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b>	32	<b>CENSUS:</b> 25	<b>DATE:</b> 01/07/2002
<b>MET WITH:</b>	R Beeman	<b>TIME BEGAN:</b>	02:00 PM
		<b>TIME COMPLETED:</b>	02:45 PM

**ALLEGATION(S):**

1 Ratio - Toddler room has a 1:9 ratio  
2  
3  
4  
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**INVESTIGATION FINDINGS:**

1 Today one room had an aide and 6 toddlers who had woken up & were all up. The teacher was returning from her lunchbreak as I  
2 entered the classroom. The other 3 rooms were in compliance today.  
3  
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**Substantiated****Estimated Days of Completion:****USE LIC 809 FOR ALL CITATIONS****SUPERVISOR'S NAME:** Gail Nanao**TELEPHONE:** 510 622-2591**LICENSING EVALUATOR NAME:** Ann Brown**TELEPHONE:** 510 873-6409**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_**DATE:** 01/08/2002

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_**DATE:** 01/08/2002

DUPLICATE  
SEE ATTACHED  
ORIGINAL

**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: **73400647**

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/07/2002

Type A

POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
01/08/2002 Section Cited 101416.5(a)(b)	1 The ratio was off in the toddler room 2 3 4 5 6 7	1 Ms Beerman gave me a new plan 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7
Section Cited	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Gail Nanao

TELEPHONE: 510 622-2591

LICENSING EVALUATOR NAME: Ann Brown

TELEPHONE: 510 873-6409

LICENSING EVALUATOR SIGNATURE: \_\_\_\_\_

DATE: 01/08/2002

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: \_\_\_\_\_

DATE: 01/08/2002

DUPLICATE  
SEE ATTACHED  
ORIGINAL

# PROPOSAL



1271 Washington Ave., #164  
San Leandro, Ca 94577  
(510) 351-7271  
FAX (510) 351-7203  
www.firstchoicecleaning.com

PROPOSAL SUBMITTED TO <i>Day care</i>		JOB NAME <i>Same</i>		DATE <i>9-29-01</i>
STREET <i>P.O. Box 695 Lafayette</i>		JOB LOCATION		
CITY, STATE AND ZIP CODE		CONTACT PERSON		
PHONE	FAX	JOB PHONE	FAX	
ESTIMATOR <i>Victor</i>	DATE OF JOB	COMMENTS		

We hereby submit specifications and estimates for:

*CARPET CLEANING*  
*1323 Feet to be clean and sanitized*  
*\$330*  
*First Steps Carpet Care*  
*3201 Grandview Blvd*  
*Lafayette, CA*

**WE PROPOSE** hereby to furnish material and labor – complete in accordance with above specifications, for the sum of:

*Three hundred Thirty and 00/100* dollars (\$ *330*).

Payment to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature

*Mike Nicholas*

Note: This proposal may be withdrawn by us if not accepted within

*30 days*

## ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Initial this box if 3-day right to cancel has been declined.

Date of Acceptance:

*9-29-01*

Signature:

*[Signature]*

# INVOICE

6163

DATE	9-29-01	CLAIM NO.	11166
Paid in full		(VAR)	

1271 Washington Ave. #184  
 San Leandro, Calif. 94577  
 TEL: (510) 351-7271  
 FAX: (510) 351-7203  
 www.firstchoicecleaning.com



CUSTOMER: Day Care  
 P.O. Box 695  
 Lafayette, CA

SALESPERSON	START DATE	COMPLETION DATE	TERMS	DESCRIPTION	UNIT PRICE	TOTAL
Victor	9-29-01	9-29-01	on completion	1523 sq feet to be cleaned and decorated	330.00	330.00
				First Choice Cleaning and Decorating, Inc.		
				3201 Lafayette Blvd		
				San Leandro, CA		
				Grand Total		330.00

Thank you

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	FIRST STEPS LEARNING CENTER	<b>FACILITY NUMBER:</b>	73400647
<b>DIRECTOR:</b>	FOLEY, CHARLOTTE	<b>FACILITY TYPE:</b>	830
<b>ADDRESS:</b>	3201 STANLEY BOULEVARD	<b>TELEPHONE:</b>	9259336283
<b>CITY:</b>	LAFAYETTE	<b>STATE:</b> CA	<b>ZIP CODE:</b> 94549
<b>CAPACITY:</b>	32	<b>CENSUS:</b> 28	<b>DATE:</b> 09/26/2001
<b>TYPE OF VISIT:</b>	Annual	<b>UNANNOUNCED</b>	<b>TIME BEGAN:</b> 03:10 PM
<b>MET WITH:</b>	Roseann Beaman, owner & Mary Schwarck		<b>TIME COMPLETED:</b> 04:10 PM

**DEFICIENCY INFORMATION FOR THIS PAGE:****CIVIL PENALTY INFORMATION:**

Type A

**COMMENTS/DEFICIENCIES**

1 LPA Ann Brown met with Roseann Beaman owner & Mary Schwarck for the annual inspection. This is an  
2 infant center only. They had 28 children on site. There are 3 teachers and 6 instructional assistants.  
3 Fire extinguisher serviced 9-01. Smoke detectors working. There is a hard wire pull system in addition to an  
4 alarm system for the whole church. 1st aid supply viewed. The facility shares space at a church. The infant  
5 center has 5 rooms. Two are napping areas. The play area has small slides and climbing structures which  
6 need cushioning material. The grass is brown & dried. Ms. Beaman states church will replace lawn. Sand or  
7 bark must be used prior to lawn replacement.  
8 Rugs in infant room need shampooing or replacement. Church will be replacing rugs by middle of 2002.  
9 Owner has a shampoo schedule of every 3 months. They will be cleaned this weekend. Ms. Beaman will fwd.  
10 receipt to CCL.  
11  
12 Toxins (raid) are mixed in with food. This was corrected at time of visit. This is a modified comprehensive visit  
13 & the process was explained to owner.  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23

DUPLICATE

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISOR'S NAME:** Gail Nanao**TELEPHONE:** 510 622-2591**LICENSING EVALUATOR NAME:** Ann Brown**TELEPHONE:** 510 873-6409**LICENSING EVALUATOR SIGNATURE:** Ann Brown**DATE:** 09/26/2001

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_**DATE:** 09/26/2001

**FACILITY EVALUATION REPORT (Cont)**BADO Child Care, 1515 Clay St., #1102  
Oakland, CA 94612

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY NUMBER: **73400647**

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/26/2001

Type A

POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
09/26/2001 Section Cited 101227(16), 101228(g) Food Service	Raid and detergent were mixed in with food supply	Toxins shall not be stored in kitchen or food prep area. Owner removed at time of visit.
Section Cited		
Section Cited		
Section Cited		

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Gail Nanao

TELEPHONE: 510 622-2591

LICENSING EVALUATOR NAME: Ann Brown

TELEPHONE: 510 873-6409

LICENSING EVALUATOR SIGNATURE: *Ann Brown*

DATE: 09/26/2001

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: \_\_\_\_\_ DATE: 09/26/2001

## FACILITY EVALUATION REPORT

REFER TO

See other side for explanation of form.

FACILITY NAME <b>1ST STEPS LEARNING CENTER</b>	DIRECTOR <b>MARY SCHWARCK</b>	FACILITY NUMBER <b>013400647</b>	FACILITY TYPE <b>INF/DOC</b>
ADDRESS <b>3201 STANLEY BLVD LAFAYETTE 94509</b>	TELEPHONE <b>(925) 933-6283</b>	CAPACITY <b>32</b>	CENSUS <b>28</b>
DATE <b>9-26-01</b>		TIME VISIT BEGAN <b>3:10P</b>	
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> MET WITH		<input type="checkbox"/> ANNOUNCED	
<input type="checkbox"/> PRELICENSING <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		<input checked="" type="checkbox"/> UNANNOUNCED	
TIME VISIT COMPLETED <b>4:10P</b>			

## DEFICIENCY INFORMATION FOR THIS PAGE:

- ☒ Type A  
☐ Type B  
☐ No Deficiency Cited

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☒ Not Applicable

## COMMENTS/DEFICIENCIES

## PLAN OF CORRECTIONS (POCs)

POC  
DUE DATE

<p>L.P.A. Ann Brown MET WITH ROSEANN DEAMAN OWNER &amp; MARY SCHWARCK FOR THE ANNUAL INSPECTION. THIS IS AN INFANT CENTER ONLY. THEY HAD 28 CHILDREN ON SITE. THERE ARE 3 TEACHERS AND 6 INSTRUCTIONAL ASSISTANT.</p> <p>FIRE EXTINGUISHER SERVICED 9-01. SMOKE DETECTORS WORKING THERE IS A HARD WIRE PULL SYSTEM IN ADDITION TO AN ALARM SYSTEM FOR THE WHOLE CHURCH. KIT AND SUPPLY VIEWED</p> <p>THE FACILITY SHARES SPACE AT A CHURCH. THE INFANT CENTER HAS 5 ROOMS. TWO ARE NAPPING AREAS. THE PLAY AREA HAS SMALL SLIDES &amp; CLIMBING STRUCTURES, WHICH NEED CUSHIONING MATERIAL. THE GRASS IS BROWN &amp; DRIED. MS DEAMAN STATES CHURCH WILL REPLACE LAWN. SAND OR BARK MUST BE USED PRIOR TO LAWN REPLACEMENT. RUGS IN THE INFANT ROOMS NEED SHAMPOOING OR REPLACEMENT. CHURCH WILL BE REPLACING RUGS BY MIDDLE OF 2002. OWNER HAS A SHAMPOO SCHEDULE OF EVERY 3 MONTHS. THEY WILL BE CLEANED THIS WEEKEND. MS DEAMAN WILL FWD RECEIPT TO CCL.</p> <p>TOXINS (RAID) ARE MIXED IN WITH A FOOD. THIS WAS CORRECTED AT TIME OF VISIT. THIS IS A MODIFIED COMPREHENSIVE VISIT &amp; THE PROCESS WAS EXPLAINED TO OWNER</p> <p>101227(16)</p> <p>101228(g) Food Service</p> <p>RAID &amp; DETERGENT WERE MIXED IN WITH FOOD SUPPLY</p>	<p>TOXINS SHALL NOT BE STORED IN KITCHEN OR FOOD PREP AREA. OWNER REMOVED AT TIME OF VISIT</p> <p>9/26/01</p>
--	---

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

LICENSING EVALUATOR SIGNATURE <b>Ann Brown</b>	TELEPHONE <b>(510) 813-6409</b>	DATE <b>9-26-01</b>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <b>GAIL NANAJO</b>	TELEPHONE <b>(510) 622-2602</b>	FACILITY REPRESENTATIVE SIGNATURE <b>Roseann Deaman</b>	DATE <b>9/26/01</b>



**PROOF OF CORRECTION(S)**

FACILITY NAME <i>First Steps Learning Center</i>	FACILITY NO. <i>013400647</i>	LICENSING EVALUATOR <i>Nina Miller</i>
---	----------------------------------	---

This form shall be used in conjunction with the Licensing Report (LIC 809, 9089, 9090, or 9091) and is provided to the facility to verify the correction of deficiency(ies) cited in a licensing visit to your facility on 11/30/00 (DATE). The use of this form will not prohibit the Licensing Evaluator from conducting follow-up visits to ensure that deficiencies are corrected. (See instructions on back of this form).

DEFICIENCY(IES) SECTION NUMBER	PROOF OF CORRECTION					DATE CORRECTED
	PICTURE	RECEIPT	PHOTOCOPY	*CERTIFICATION	OTHER	
1. <i>101231</i>			<i>X</i>			<i>11/30/00</i>
2. <i>101214</i>			<i>X</i>			<i>12/4/00</i>
3. <i>101230</i>			<i>X</i>			<i>10/5/00</i>
4. <i>101214</i>			<i>X</i>			<i>12/12/00</i>
5. <i>101214</i>			<i>X</i>			<i>12/13/00</i>
6.						
7.						
8.						
9.						

I certify, under penalty of perjury under the laws of the State of California, that the above is true and correct and that I have corrected all deficiencies above on or before the date(s) indicated.

SIGNATURE OF LICENSEE/FACILITY REPRESENTATIVE

*Rosanne Berman*

DATE

*12/4/00*

\*Certification - this box may be checked if there is no other means to verify that the deficiency has been corrected. By signing this form, the licensee is self-certifying that the corrections have been made. If the certification is related to fingerprints, include the name(s) of the individual(s) for which the fingerprint card was submitted and insert the date submitted to the Department of Justice in the "Date corrected" column.

PLEASE RETURN THIS FORM WITH YOUR PROOF OF CORRECTION(S)

**FACILITY EVALUATION REPORT**

DO NAME: BAY AREA D. O.

NAME OF SUPERVISOR: DIANE GORMAN

ADDRESS: 1515 CLAY STREET, #1102

CITY: OAKLAND

STATE: CA

TELEPHONE: 510-622-2593

ZIP CODE: 94612

FACILITY NUMBER: 073400647

DIRECTOR: FOLEY, CHARLOTTE

ADDRESS: 3201 STANLEY BLVD

CITY: LAFAYETTE

FACILITY NAME: FIRST STEPS LEARNING CENTER

FACILITY TYPE: DAY CARE CENTER

STATE: CA

TELEPHONE: 925-933-6283

ZIP CODE: 94549

CAPACITY: 32

TYPE OF VISIT: Evaluation

MET WITH: Foley, Charlotte

CENSUS: 23

UNANNOUNCED

DATE: 11/30/2000

**DEFICIENCY INFORMATION FOR THIS PAGE: Type B****CIVIL PENALTY INFORMATION: Not Applicable****COMMENTS/DEFICIENCIES/PLAN OF CORRECTIONS(POCs):**

Licensing Program Analyst, Nina Miller, met with Charlotte Foley and Roseann Beeman to conduct a comprehensive annual visit. The facility was toured to conduct a health and safety inspection. During the tour of the facility, analyst engaged in conversation with staff and clients. Children's and staff records were reviewed. The facility is located in a church building. The facility is clean, safe, sanitary and in good repair. The classrooms have age appropriate materials and equipment for the children's use. There is a working telephone on the premises and a complete first aid kit available for use. The sign in and out sheets were reviewed for proper signatures. The facility has posted all required licensing information including disaster plan, parents and personal rights forms. The toilet facility was inspected. The kitchen area is clean, safe and sanitary. All chemicals and cleaning solutions are out of reach of children in care. The facility fire extinguishers have been serviced. The outside play area is fully fenced. An inspection of the play equipment was conducted. The play area has climbing equipment cushioned with grass. Food supplies are stored to protect against contamination.

**THE FOLLOWING TYPE B DEFICIENCIES ARE BEING CITED:**

1.) Section 101216(g)(1) Personnel Requirements: Physician reports were absent from the staff files of A. Sulistiyo, J. Lavery and K. Taylor. T.B. test results were absent from the files of J. Lavery and K. Taylor.

PLAN OF CORRECTION: The required medical reports will be obtained and placed in the above files by 12/30/00.

2.) Section 101220 Child's Medical Assessments: A physicians report is missing from the file of C6.

PLAN OF CORRECTION: The required medical report will be obtained and placed in the above file by 12/30/00.

3.) Section 101221 Child's Records: An admissions agreement is absent from the folder of C2.

PLAN OF CORRECTION: The required signed agreement will be placed in the above folder by 12/7/00.

An exit interview was conducted and appeal rights were explained. A copy of this report must be kept for a period of 3 years and made available upon request.

TIME VISIT BEGAN: 01:15 PM

TIME COMPLETED: 03:30 PM

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

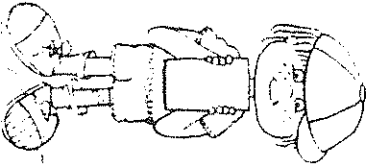
LICENSING EVALUATOR NAME: NINA D. MILLER

TELEPHONE: 510-622-2622

LICENSING EVALUATOR SIGNATURE: Nina D. Miller

DATE:

I understand my Licensing appeal rights as explained and received.  
Facility Representative Signature: Roseann Beeman



\*\*\*  
I have read and agree to comply with the policies and regulations stated in this contract.  
(of the Admission Agreement & Parent Contract)  
\*\*\*\*\*

Mark Smith

Parent's/Guardian's Signature)

6/26/02

(Date)

(Director's Signature)

(Date)



**FACILITY EVALUATION REPORT**

DO NAME: BAY AREA D. O.

NAME OF SUPERVISOR: DIANE GORMAN

TELEPHONE: 510-622-2593

ADDRESS: 1515 CLAY STREET, #1102

CITY: OAKLAND

STATE: CA

ZIP CODE: 94612

FACILITY NUMBER: 073400647

FACILITY NAME: FIRST STEPS LEARNING CENTER

DIRECTOR: FOLEY, CHARLOTTE

FACILITY TYPE: DAY CARE CENTER

ADDRESS: 3201 STANLEY BLVD

TELEPHONE: 925-933-6283

CITY: LAFAYETTE

STATE: CA

ZIP CODE: 94549

CAPACITY: 32

CENSUS: 23

DATE: 11/30/2000

TYPE OF VISIT: Evaluation

UNANNOUNCED

MET WITH: Foley, Charlotte

**DEFICIENCY INFORMATION FOR THIS PAGE: Type B****CIVIL PENALTY INFORMATION: Not Applicable****COMMENTS/DEFICIENCIES/PLAN OF CORRECTIONS(POCs):**

Licensing Program Analyst, Nina Miller, met with Charlotte Foley and Roseann Beeman to conduct a comprehensive annual visit. The facility was toured to conduct a health and safety inspection. During the tour of the facility, analyst engaged in conversation with staff and clients. Children's and staff records were reviewed. The facility is located in a church building. The facility is clean, safe, sanitary and in good repair. The classrooms have age appropriate materials and equipment for the children's use. There is a working telephone on the premises and a complete first aid kit available for use. The sign in and out sheets were reviewed for proper signatures. The facility has posted all required licensing information including disaster plan, parents and personal rights forms. The toilet facility was inspected. The kitchen area is clean, safe and sanitary. All chemicals and cleaning solutions are out of reach of children in care. The facility fire extinguishers have been serviced. The outside play area is fully fenced. An inspection of the play equipment was conducted. The play area has climbing equipment cushioned with grass. Food supplies are stored to protect against contamination.

**THE FOLLOWING TYPE B DEFICIENCIES ARE BEING CITED:**

1.) Section 101216(g)(1) Personnel Requirements: Physician reports were absent from the staff files of A. Sulistiyo, J.Laverty and K. Taylor. T.B. test results were absent from the files of J. Laverty and K. Taylor.

PLAN OF CORRECTION: The required medical reports will be obtained and placed in the above files by 12/30/00.

2.) Section 101220 Child's Medical Assessments: A physicians report is missing from the file of C6. PLAN OF CORRECTION: The required medical report will be obtained and placed in the above file by 12/30/00.

3.) Section 101221 Child's Records: An admissions agreement is absent from the folder of C2.

PLAN OF CORRECTION: The required signed agreement will be placed in the above folder by 12/7/00.

An exit interview was conducted and appeal rights were explained. A copy of this report must be kept for a period of 3 years and made available upon request.

TIME VISIT BEGAN: 01:15 PM

TIME COMPLETED: 03:30 PM

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

LICENSING EVALUATOR NAME: NINA D. MILLER

TELEPHONE: 510-622-2622

LICENSING EVALUATOR SIGNATURE: 

DATE: 11/30/00

I understand my licensing appeal rights as explained and received.

Facility Representative Signature:  DATE: 11/30/00

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on 10/04/99 and conducted by Evaluator JUDITH KEPHART

COMPLAINT CONTROL NUMBER: 23043  
NAME OF SUPERVISOR: DIANE GORMAN

PUBLIC

TELEPHONE: (510) 622-2620

FACILITY NUMBER: 073400647 FACILITY NAME: FIRST STEPS LEARNING CENTER  
FACILITY TYPE: INFANT CENTER FACILITY REPRESENTATIVE: FOLEY, CHARLOTTE  
ADDRESS: 3201 STANLEY BOULEVARD, TELEPHONE: (925) 933-6283  
CITY: LAFAYETTE STATE: CA ZIP CODE: 94549

CAPACITY: 32  
MET WITH: Roseann Beeman

CENSUS: 20  
DATE: 03/20/00

**ALLEGATION(S):**

1. Facility employee, Editha Hotchkiss, yells at the infants in care.
2. Facility employee, Editha Hotchkiss, puts blankets over the heads of the infants to help them fall asleep.

**INVESTIGATION FINDINGS:**

The allegations were investigated by Coastal Regional Investigations Section. Interviews were conducted of the complainant, facility staff, and Ms. Hotchkiss. The allegation that Ms. Hotchkiss placed blankets over the children's heads was substantiated. Ms. Hotchkiss stated that that she covered the children's heads to block the light from the windows and to help the children fall asleep. Ms. Hotchkiss admitted that she had a loud voice. Other staff members reported that Ms. Hotchkiss had a loud and rough voice and raised her voice harshly to the children. The complainant stated the Ms. Hotchkiss "screamed at the top of her lungs" at the children.

<input checked="" type="radio"/> Substantiated
<input type="radio"/> Inconclusive
<input type="radio"/> Unfounded
<input type="radio"/> Needs_Further_Investigation

Estimated Days of Completion

**SPECIFIC DEFICIENCIES/RECOMMENDATIONS/CORRECTIONS:**

The facility is cited for Type A deficiencies under sections 101223 PERSONAL RIGHTS and 101230 ACTIVITIES/NAPPING: in that children's personal rights were violated by staff member, Editha Hotchkiss. Ms. Hotchkiss spoke in a harsh tone of voice to children in care, and yelled at children in care. Ms. Hotchkiss also placed blankets on the heads of children to make them sleep which is a violation of regulatory guidelines which state that children do not have to sleep during nap time. The staff member is no longer employed at the facility.

TIME IN: 03:00 PM

TIME OUT: 04:15 PM

Failure to correct the deficiencies cited above may result in a civil penalty assessment of \$50 or more per day.

LICENSING ANALYST SIGNATURE: Judith Kephart TELEPHONE: (510) 622-2613

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: Roseann Beeman DATE: \_\_\_\_\_

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on 10/04/99 and conducted by Evaluator JUDITH KEPHART.

=====

COMPLAINT CONTROL NUMBER: 23043 PUBLIC  
NAME OF SUPERVISOR: DIANE GORMAN TELEPHONE: (510) 622-2620

FACILITY NUMBER: **073400647** FACILITY NAME: **FIRST STEPS LEARNING CENTER**  
FACILITY TYPE: INFANT CENTER FACILITY REPRESENTATIVE: FOLEY, CHARLOTTE  
ADDRESS: 3201 STANLEY BOULEVARD, TELEPHONE: (925) 933-6283  
CITY: LAFAYETTE STATE: CA ZIP CODE: 94549

CAPACITY: 32 CENSUS: 20  
MET WITH: Roseann Beeman DATE: 03/20/00

**ALLEGATION(S):**

1. A facility employee spanked one of the day care children.
2. A facility employee pushed a day care child.
3. A facility employee is verbally abusive with the day care children.

**INVESTIGATION FINDINGS:**

The complaint was investigated by Coastal Regional Investigations Section. Interviews were conducted with the complainant, the staff member, and other employees at the facility. The complainant thought that the employee had spanked a child; however, did not actually observe the employee strike the child. Employees who were interviewed stated that they had never observed the staff member inappropriately discipline children. The employees reported that the staff member had a loud voice and was heard speaking harshly to the children; however, none of the employees reported overhearing the staff member being verbally abusive to the children. The staff member admitted that she had a loud voice and sometimes yelled at a child to get the child's attention. Investigation of these allegations led to an inconclusive finding. The allegations were neither proven nor disproven.

<input type="radio"/> Substantiated
<input checked="" type="radio"/> Inconclusive
<input type="radio"/> Unfounded
<input type="radio"/> Needs_Further_Investigation

Estimated Days of Completion

**SPECIFIC DEFICIENCIES/RECOMMENDATIONS/CORRECTIONS:**

No deficiency was cited.

TIME IN: 03:00 PM

TIME OUT: 04:15 PM

Failure to correct the deficiencies cited above may result in a civil penalty assessment of \$50 or more per day.

LICENSING ANALYST SIGNATURE: Judith Kephart TELEPHONE: (510) 622-2613

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: Roseann Beeman DATE: 03/20/00

July 2, 1999

Facility # 073400647

Dear Mrs. Kephart,

This letter is to verify that we  
built a shelf for food preparation  
at the Center today.

Please find enclosed schedule  
verifying that aides are being  
properly supervised in the  
Munchkin Room.

Sincerely,

Roseann Burton

dwale

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on 06/21/99 and conducted by Evaluator JUDITH KEPHART

COMPLAINT CONTROL NUMBER: 304764  
NAME OF SUPERVISOR: GORMAN, DIANE

PUBLIC

TELEPHONE: (510) 622-2620

FACILITY NUMBER: 073400647 FACILITY NAME: FIRST STEPS LEARNING CENTER  
FACILITY TYPE: INFANT CENTER FACILITY REPRESENTATIVE: FOLEY, CHARLOTTE  
ADDRESS: 3201 STANLEY BOULEVARD, TELEPHONE: (925) 933-6283  
CITY: LAFAYETTE STATE: CA ZIP CODE: 94549

CAPACITY: 32  
MET WITH: Charlotte Foley

CENSUS: 25  
DATE: 07/01/99

**ALLEGATION(S):**

Unqualified staff are supervising infants in the "Munchkins" room.

**INVESTIGATION FINDINGS:**

The Munchkins room is physically separate from the other classrooms. Currently two aides are assigned to this room, Ms. Hotchkiss and Ms. Cannada. When the Analyst arrived at the facility, a teacher, Heather McPherran, was in the room. Ms. McPherran was identified as a "floater." Upon questioning, the facility director, Ms. Foley, admitted that there were not enough qualified teachers available to ensure that there was always a teacher in this room. Ms. Foley indicated that a new teacher, Ms. Sultan has been hired and assigned to this room.

- ☒ Substantiated  
☐ Inconclusive  
☐ Unfounded  
☐ Needs\_Further\_Investigation

Estimated Days of Completion 15

**SPECIFIC DEFICIENCIES/RECOMMENDATIONS/CORRECTIONS:**

This Type B deficiency is a violation of SECTION 101416.3 INFANT CARE AIDE QUALIFICATIONS AND DUTIES: Two aides in the Munchkins room were not working under the direct supervision of the director, assistant director or a fully qualified teacher. PLAN OF CORRECTION: No later than July 16, 1999, the facility will submit a staff schedule to licensing verifying that aides in the Munchkins room are being supervised by appropriate staff.

TIME IN: 10:15 AM

TIME OUT: 02:15 PM

Failure to correct the deficiencies cited above may result in a civil penalty assessment of \$50 or more per day.

LICENSING ANALYST SIGNATURE: Judith Kephart TELEPHONE: (510) 622-2613

I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: Charlotte E. Foley DATE: 07/01/99



**DEPARTMENT OF SOCIAL SERVICES**

COMMUNITY CARE LICENSING

1515 Clay Street, Suite 1102

Oakland, California 94612

Telephone: (510) 622-2602



October 12, 1999

Charlotte Foley, Director  
First Steps Learning Center  
3201 Stanley Boulevard,  
Lafayette, CA 94549

#073400647

Dear Ms. Foley:

You have cleared the deficiencies cited during the Annual Visit of July 1, 1999 with the submission of copies of your revised sign in and out sheets, and with your building of a shelf for food preparation.

In addition, you cleared the deficiency cited during the complaint visit of July 1, 1999 with your submission of a schedule showing that aides were being supervised by qualified teachers in the Munchkins room.

If you have any questions concerning the above, feel free to call me.

Sincerely,

A handwritten signature in cursive script that reads 'Judith Kephart'.

Judith Kephart

Licensing Program Analyst

**ANNUAL FOCUS VISIT REPORT for Child Day Care Centers**

Facility Name: **FIRST STEPS LEARNING CENTER** Facility Number: **073400647**  
3201 STANLEY BOULEVARD, **Date: 07/01/99**  
LAFAYETTE, CA 94549 Telephone: (925) 933-6283  
Type: **INFANT CENTER** Licensed Capacity: **32** **Today's Census: 25**  
Other types of child care centers licensed at this site and reviewed today:  
Number: . . . Number:

If the line above shows an underlined Facility Number it means that there is a separate Facility Evaluation Report (LIC809) containing today's visit information for that center as well.

➤ Deficiencies or other critical factors previously cited include SECTION 101416.2 INFANT CARE TEACHER QUALIFICATIONS AND DUTIES and SECTION 101416.5 STAFF INFANT RATIO

➤ This report is based upon an Unannounced visit. Community Care Licensing staff met with: Charlotte Foley In today's visit the following Type B deficiencies were noted:

SECTION 101229.1 SIGN IN AND SIGN OUT: Persons bringing children to, and removing children from, the facility are not using their full legal signature. PLAN OF CORRECTION: No later than July 16, 1999, the facility is to mail copies of three days worth of sign in and out sheets to licensing to verify that full legal signatures are being used.

SECTION 101227 FOOD SERVICE (a) (22)-(25) The floor was used as a work space to prepare snacks do to lack of an appropriate food preparation area. PLAN OF CORRECTION: No later than July 16, 1999, a suitable work space will be identified for food preparation, and verification submitted to licensing in writing.

Fire drills are being conducted and documented. Several staff members have current infant and pediatric CPR and First Aid training. The facility was given a self assessment guide and updated forms including Parent's Rights and Personal Rights forms. The facility was instructed to remove an exersaucer, replace or repair a torn bean bag and submit a copy of Ms. Cannada's LIVE SCAN clearance to licensing for submission to DOJ. — *received JK*  
A COPY OF THIS REPORT MUST BE KEPT AT THE FACILITY FOR THREE YEARS AND SHOWN UPON REQUEST.



If the preceeding box is checked, three or more deficiencies were observed, a comprehensive visit was conducted and there is a separate Facility Evaluation Report (LIC809) for today's visit. A checklist (LIC 9090) was consulted in conducting this focus visit. Copies are available at the Community Care Licensing district office listed below.

➤ Failure to correct cited deficiencies, on or before the plan of correction (POC) due date cited above, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes and government agencies are exempt).

Licensing Evaluator Name: **JUDITH KEPHART**

Telephone: **(510) 622-2613**

District Office: **BADO**

**1515 CLAY STREET., OAKLAND, CA, CA 94612**

Supervisor: **GORMAN, DIANE**

Telephone: **(510) 622-2620**

Licensing Evaluator Signature: *Judith Kephart*

Date: **07/01/99**

Time Visit Began: **10:15 AM**

Time Visit Completed: **03:00 PM**

➤ I acknowledge receipt of this form and understand my appeal rights as explained and received.

Facility Representative Signature: *Charlotte E. Foley*

Date: **07/01/99**

**PROOF OF CORRECTION(S)**

FACILITY NAME <b>FIRST STEPS L.C.</b>	FACILITY NO. <b>073400647</b>	LICENSING EVALUATOR <b>WITTGRAFF</b>
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This form shall be used in conjunction with the Licensing Report (LIC 809, 9089, 9090, or 9091) and is provided to the facility to verify the correction of deficiency(ies) cited in a licensing visit to your facility on \_\_\_\_\_ (DATE). The use of this form will not prohibit the Licensing Evaluator from conducting follow-up visits to ensure that deficiencies are corrected. (See instructions on back of this form).

DEFICIENCY(IES) SECTION NUMBER	PROOF OF CORRECTION					DATE CORRECTED
	PICTURE	RECEIPT	PHOTOCOPY	*CERTIFICATION	OTHER	
1. FP + CAI						
2. for Nicole Cobb			✓			8/20/98
3.						
4.						
5.						
6.						
7.						
8.						
9.						

I certify, under penalty of perjury under the laws of the State of California, that the above is true and correct and that I have corrected all deficiencies above on or before the date(s) indicated.

SIGNATURE OF LICENSEE/FACILITY REPRESENTATIVE



DATE

9-15-98

\*Certification - this box may be checked if there is no other means to verify that the deficiency has been corrected. By signing this form, the licensee is self-certifying that the corrections have been made. If the certification is related to fingerprints, include the name(s) of the individual(s) for which the fingerprint card was submitted and insert the date submitted to the Department of Justice in the "Date corrected" column.

Photocopies were enclosed. JW

PLEASE RETURN THIS FORM WITH YOUR PROOF OF CORRECTION(S)

## Contact Sheet

This form documents contacts concerning the facility identified below. The content is public information. Abbreviations used may include: TC (telephone call), OV (other visit) and POC (Plan of Correction). The initials or name following each entry is that of the person recording the contact.

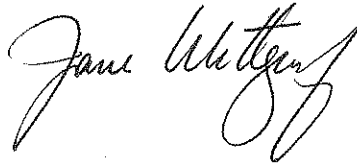
Facility No:	Facility Name:
073400647	First Steps Learning Center

Type of  
Contact/Date

Summary of Contacts

7/2/98

I spoke to Lisa in the office at First Steps today. Wendy Emery has enrolled and has actually started the infant class. She asked the school to FAX me the enrollment stuff, but I have not seen it. I suggested that if it came directly from the school, it may not be identifiable as going with First Steps. I told her to get it mailed to me directly, my attention, and I will take her word that Wendy has started the class. She will do this.



## ANNUAL FOCUS VISIT REPORT for Child Day Care Centers

Facility Name: **FIRST STEPS LEARNING CENTER (INFANT)** Facility Number: **073400647**  
3201 STANLEY BLVD. Date: **06/04/98**  
LAFAYETTE, CA 94549 Telephone: 933-6283  
Type: **INFANT CENTER** Licensed Capacity: **32** Today's Census: **24**  
Other types of child care centers licensed at this site and reviewed today:  
, Number: : . Number:

If the line above shows an underlined Facility Number it means that there is a separate Facility  
Evaluation Report (LIC809) containing today's visit information for that center as well.

► Deficiencies or other critical factors previously cited include NONE

► This report is based upon an Unannounced visit. Community Care Licensing staff met with: Charlotte Foley In  
today's visit the following Type B deficiencies were noted:

**Reg. 101416.2 INFANT CARE TEACHER QUALIFICATIONS AND DUTIES**

- (b) Prior to employment, an infant care teacher shall have successfully completed at least three post-secondary semesters units or equivalent quarter units in early childhood education and three post-secondary semester or equivalent quarter units related to the care of infants at an accredited or approved college or university.  
Today, teacher Wendy was needed as an infant teacher in one room, but she does not have the above course, nor is she enrolled.

**Reg. 101316.2 TEACHER QUALIFICATIONS AND DUTIES**

- (b) Prior to employment, a teacher shall have completed at least six semester units or equivalent quarter units of the education requirement specified in (c)(1) below.  
(1) After employment, a teacher hired under (a) above shall complete, with passing grades, at least two units each semester or quarter until the education requirement specified in (c)(1) below is met.

Teacher Wendy does not have 12 appropriate units, and is not enrolled.

(cont. on page 2)

**REG. 101416.5 STAFF-INFANT RATIO**

(c) There shall be a ratio of one teacher for every four infants in attendance.  
There were no qualified teachers in an area of 7 infants, due to above qualification issue.

POC: There is one POC for all of above: Teacher Wendy will enroll in an Infant/Toddler class, for 3 units. An exception will be requested for her to continue to work as the infant teacher. This will be done by next week, 6/11/98. (Licensing must receive the exception material by 6/11/98).

☐ If the preceding box is checked, three or more deficiencies were observed, a comprehensive visit was conducted and there is a separate Facility Evaluation Report (LIC809) for today's visit. A checklist (LIC 9090) was consulted in conducting this focus visit. Copies are available at the Community Care Licensing district office listed below.

➤ Failure to correct cited deficiencies, on or before the plan of correction (POC) due date cited above, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes and government agencies are exempt).

Licensing Evaluator Name: JANE WITTGRAF

Telephone: 286-7074

District Office: BADO

200 WEBSTER ST., #100, OAKLAND, CA 94607

Supervisor: ROBERTA DONIS

Telephone: 286-7094

Licensing Evaluator Signature: Jane Wittgraf

Date: 06/04/98

Time Visit Began:

Time Visit Completed:

➤ I acknowledge receipt of this form and understand my appeal rights as explained and received.

Facility Representative Signature: Roseann Beaman

Date: 06/04/98

# PROFESSIONAL CHILDCARE MANAGEMENT

FIRST STEPS LEARNING CENTER  
P.O. BOX 695  
Lafayette, CA 94549  
(510) 256-7294

Department of Social Services  
Community Care Licensing  
Bay Area District Office  
200 Webster Street, Suite 100  
(510) 286-7062

Attn: Jane Wittgraf

7/1/97

Dear Jane,

This letter is to confirm that we have moved **Robin Hite** into the closing slot as required in your 6/26/97 letter. Her new hours will be 9:30-6:30 effective today. In addition, we have switched **Edith Hotchkiss'** hours to 7:00-4:00.

Furthermore, as per your conversation with Roseann on 6/30/97, we are enclosing statements from **Stephanie Wriston** and **Karen Nance** indicating that they plan to enroll in the Infant Toddler course in the Fall of '97 (at the next possible opportunity).

We trust that this will satisfy the requirements. Please let us know if you have any questions or need further information.

Sincerely,

  
Lisa Griffey

## FACILITY STAFFING WORKSHEET

## INSTRUCTIONS:

Complete this form to verify staff coverage in large residential facilities. This form is designed to analyze staff coverage for: (1) a 24 hour period or (2) weekly staffing. The columns shall be used to plot staffing for a 24 hour period or up to three weeks to allow review of split shifts weekend coverage and irregular days off. Organize entries in Service Area/ Name/ Classification column by grouping staff according to service areas (i.e., food services) followed by name of each staff person and working title.

SERVICE AREA/ NAME/ CLASSIFICATION	HOURS OF DAY												TITLE	SHIFT	
	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30			
FACILITY NAME: FIRST STEPS LEARNING CENTER	FACILITY NUMBER: 073400647												FACILITY TYPE: INFANT	CAPACITY: 32	DATE: 6/4/97
Charlotte Foley													DIRECTOR/TEACHER	6:30-3:30	
Gomes													AIDE	8:30-5:30	
Rachel Inchausti													TEACHER	1:00-6:30	
Robin Hite													TEACHER	9:30-6:30	
Editha Hotchkiss													AIDE	7:00-4:00	
LaTonya Wortham													TEACHER	4:00-6:30	
Karen Nance													TEACHER	7:00-4:00	
Michelle Hemenez													AIDE	7:30-4:30	
Andrea Mullen													AIDE	9:00-6:00	
Stephanie Wriston													TEACHER	8:45-5:45	
Michelle Drass													AIDE	8:00-5:00	



Dear Licensing,

I plan to take the Infant/Toddler  
class this Fall at Diablo Valley College  
on Los Medanos.

Sincerely,  
Karen Williams

July 1, 1997

7/1/97

Dear Jimmy,

I plan on taking a  
infant + toddler course this  
fall at Delta Valley College.

Sincerely,  
Stephanie Chubb

**DEPARTMENT OF SOCIAL SERVICES**

Community Care Licensing  
Bay Area District Office  
200 Webster Street, Suite 100  
Oakland, CA 94607  
(510) 286-7062



First Steps Learning Center  
P.O. Box 695  
Lafayette, CA 94549

6/26/97

Dear Lisa,

This letter is to inform you that you do not have a fully qualified infant teacher present from 3:30, when Charlotte leaves, to closing time. Only Robin Hite has her infant care course. As you know, regulations require that the infant care course be completed prior to hiring staff as infant teachers. Only a fully qualified infant teacher can act as substitute director.

Please show me either that you have put Robin Hite into the closing slot, or request an exception for the person who will be closing the facility. The exception must show a plan to enroll in the infant course in the next possible enrollment period.

I must also see a plan for both Karen Wersel and Stephanie Werston to take the infant course in the next enrollment period. Stephanie may have this course as part of her B.A., so she can just send that proof in lieu of taking the class.

Please take the appropriate actions as above by 7/10/97. If I do not hear from you by then, I will have to write a citation and give a notice of civil penalty.

Thank you

Sincerely,

Jane Wittgraf  
Licensing Program Analyst  
286-7074

# PROFESSIONAL CHILDCARE MANAGEMENT

FIRST STEPS LEARNING CENTER  
P.O. BOX 695  
Lafayette, CA 94549  
(510) 256-7294

Department of Social Services  
Community Care Licensing  
Bay Area District Office  
200 Webster Street, Suite 100  
(510) 286-7062

Attn: Jane Wittgraf

6/18/97

Dear Jane,

In response to your note dated 6/10/97 I am submitting transcripts and proof of experience for the fully qualified teachers that are able to serve as substitute Director in Charlotte's absence.

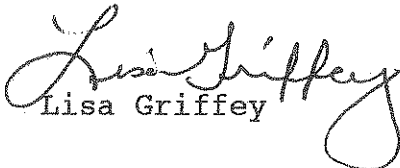
These individuals are: Robin Hite - hired 10/'86  
Karen Nance (formerly Karen Wersel) - hired 8/'88  
Stephanie Wriston - hired 7/'95

I have enclosed copies of the Certification of Teacher Qualifications for Robin and Karen as well as transcripts for Stephanie since she has not been signed off by a licensing analyst.

In addition, as you have suggested, we have begun leaving the doors between the two front rooms open during nap times so that Andrea and Gina (aides) could supervise the napping children while their co-teachers are on lunch break. This way the other teachers will remain close at hand and in clear view at all times.

I hope this satisfies the necessary requirements. If you need further information please let us know.

Sincerely,

  
Lisa Griffey

**DEPARTMENT OF SOCIAL SERVICES**

Community Care Licensing  
Bay Area District Office  
200 Webster Street, Suite 100  
Oakland, CA 94607  
(510) 286-7062



Professional Childcare Management  
P.O. Box 695  
Lafayette, CA 94549

6/10/97

Dear Lisa,

Thank you for the paperwork related to the recent citations. The citation regarding the daily washing of toys is cleared with your new practice. The lack of transcripts for two staff people you are calling aides is also cleared.

I asked to see Gina's transcripts because she said she was in charge in Charlotte's absence. Clearly she is not a fully qualified teacher and cannot be the substitute director. You must provide transcripts of staff who are able to be substitute director at the times that Charlotte is gone; i.e. at lunch and from 3:30 to closing.

In addition, I asked to see Andrea's transcripts because she was alone with napping children and not apparently supervised by a teacher. If she is an aide, she may watch napping children, but there must be a teacher close at hand. Perhaps this could be accomplished by keeping the doors between the two front rooms open.

Please identify your fully qualified teachers for times that Charlotte is absent, and forward transcripts and proof of experience by 6/25/97. Thank you.

Sincerely,

Jane Wittgraf  
Licensing Program Analyst  
286-7074

# PROFESSIONAL CHILDCARE MANAGEMENT

COMMUNITY CARE LICENSING  
200 WEBSTER STREET #100  
OAKLAND, CA 94607

ATTN: Jane Witgraf

RE: Annual Focus Visit conducted 6/4/97

Dear Jane,

Enclosed you will find the following Plan of Corrections for your Annual Focus Visit on 6/4/97:

- 1) An updated Facility Staffing Worksheet showing who we have listed as Teachers/Aides.
- 2) Proof of Administration completion for Charlotte Foley who completed the course in February of 1997.
- 3) As stated on the visit report we have implemented the daily washing of "mouthed" toys for all of the groups in the Infant Center as of 6/4/97.

Please let us know if you have any questions or require additional information.

Sincerely,

Roseann Beeman

Lisa Griffey

FIRST STEPS LEARNING CENTER  
3201 Stanley Blvd.  
Lafayette, CA 94549  
(510) 933-6283

FIRST STEPS LEARNING CENTER  
2780 Camino Diablo  
Walnut Creek, CA 94596  
(510) 256-7294

# ANNUAL FOCUS VISIT REPORT FOR CHILD DAY CARE CENTERS

\* If 3 or more regulation sections below is checked "No" - STOP and immediately begin a COMPREHENSIVE visit.

200 Webster St #100  
Oakland CA 94601

FACILITY NAME <b>FIRST STEPS L.C.</b>		FACILITY NUMBER <b>0734 00647</b>		FACILITY TYPE <b>DC-I</b>	
ADDRESS <b>3201 STANLEY BLVD, Lafayette</b>					
CAPACITY <b>32</b>	CENSUS <b>23</b>	DATE <b>6/4/97</b>	TIME VISIT BEGAN <b>12:30</b>	TIME COMPLETED <b>2:15</b>	MET WITH <b>Gina Gomes</b>

DEFICIENCY INFORMATION FOR THIS PAGE:  
☐ TYPE A    ☐ TYPE B    ☐ NO DEFICIENCY CITED

DEFICIENCIES/CRITICAL FACTORS PREVIOUSLY CITED	DATE CITED	CURRENTLY IN COMPLIANCE
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No*
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No*
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No*

**\*REGULATION SECTION 101170 - CRIMINAL RECORD CLEARANCE/CHILD ABUSE INDEX CHECK (CAIC)**  
 Fingerprints have been submitted to DOJ on persons as required by regulation..... *to check*  
 If No, the licensee is to update the LIC 500 & LIS 595 and submit to CCL and fingerprints to DOJ within \_\_\_\_\_ days. (\_\_\_\_ initials)

CHECK (✓)  
YES NO

**\*REGULATION SECTIONS 101316.5/101416.5/101516.5 - STAFFING RATIO**  
**STAFF QUALIFICATIONS**  
 Appropriate staffing ratios are maintained to meet children's needs.. *A*

CHECK (✓)  
YES NO

**\*REGULATION SECTIONS 101161/101171-FIRE SAFETY CAPACITY/AMBULATORY STATUS/FIRE CLEARANCE**  
 Fire clearance ..... (Number of NON-AMB.....)  
 Facility is within licensed capacity .....

*X* ☐  
*X* ☐

**\*REGULATION SECTIONS 101238/101438.2/101438.3/101538.2-BUILDING AND GROUNDS**

Facility is clean, safe, sanitary and in good repair.....  
 If there is a pool on the premises, is it inaccessible to children?.....  
 Play equipment is safe and free from hazards.....  
 Hazardous materials & firearms are inaccessible to children.....  
 Indoor & outdoor activity space for each licensed component are physically separate.....

*X* ☐  
*X* ☐  
*X* ☐  
*X* ☐  
*X* ☐

**\*REGULATION SECTIONS 101223(a)(3),(6), and(7) - PERSONAL RIGHTS**  
 Children are not subjected to corporal or unusual punishment.....  
 Children are not locked in any room, building, or facility.....  
 No restraints are used, except approved postural supports .....

*X* ☐  
*X* ☐  
*X* ☐

**\*REGULATION SECTIONS 101239(e)101339/101439 - FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES**

Toilets/handwashing facilities are available and in operating condition to meet children's needs.....  
 Solid waste is stored, located and disposed of properly.....  
 Temperature of hot water is not more than 120 degrees F.....  
 Appropriate, safe & sanitary furniture (changing and feeding tables, cribs) and equipment for infants.....  
 Safe & sanitary toys, pacifiers and rattles for infants.....  
 Safe and appropriate play equipment for each licensed component.....

*X* ☐  
*X* ☐  
*X* ☐  
*X* ☐  
*X* ☐  
*X* ☐

**\*REGULATION SECTION 101224 - TELEPHONES**  
 Working telephone on the premises.....

*X* ☐

**\*REGULATION SECTION 101326(e) - HEALTH RELATED SERVICES**  
 Provide and ensure medical treatment for injuries and illnesses.....  
 Medications are stored, locked, labeled and assistance given according to regulations .....

*X* ☐  
*X* ☐

**\*REGULATION SECTION 101227/101427 - FOOD SERVICE**  
 Pesticides/toxics/cleaning compounds not stored with foods.....  
 Food areas, equipment, dishes and utensils clean and no signs of rodents, insects or other vermin.....  
 Sufficient food to meet the needs of children in care.....  
 Food is protected against contamination.....  
 Infant formula is stored, bottled & labeled appropriately .....

*X* ☐  
*X* ☐  
*X* ☐  
*X* ☐  
*X* ☐

**\*REGULATION SECTION 101172 - WATER SUPPLY**  
 If water is from a private source, is appropriate bacterial analysis on file? .....

*X* ☐

## SPECIFIC DEFICIENCIES

## PLAN OF CORRECTIONS (POCs)

POC DUE DATE

Section 101438.1(d) Teacher in young toddler room stated toys are washed weekly. Above regulation requires daily washing of mouthed toys.

Starting today, 6/4/97 infant's toys that are mouthed will be washed daily.

Section 101297(d) Transcripts for teachers Andrea & Gina were either inadequate or missing.

These transcripts will be forwarded to licensing by 7/3/97. (Andrea had none - Gina had 6 credits, no enrollment)

Failure to correct the above deficiency(ies), on or before the POC due date, may result in a civil penalty assessment of \$50 per day.

LICENSING EVALUATOR SIGNATURE <i>Jane Wilkey</i>	TELEPHONE <b>296-7074</b>	DATE <b>6/4/97</b>	I Understand My Appeal Rights As Explained On The Back of This Form.
NAME OF SUPERVISOR <i>Roberta Domp</i>	TELEPHONE <b>-7094</b>	FACILITY REPRESENTATIVE SIGNATURE <i>Charlotte E. Foley</i>	
			DATE <b>6/4/97</b>

CCL  
200 Webster St #100  
Oakland, CA 94607

## COMPLAINT INVESTIGATION REPORT

COMPLAINT CONTROL NUMBER 595

This is an official report of an unannounced visit/investigation of a complaint received in our office on 3-31-97 and conducted by Evaluator Walters

FACILITY NAME <u>First Steps Learning Center</u>	FACILITY NO. <u>073400647</u>	FACILITY TYPE <u>DCC - In.</u>	FACILITY REPRESENTATIVE	
ADDRESS <u>3201 Stanley Blvd, Lafayette</u>		TELEPHONE	CAPACITY <u>32</u>	CENSUS <u>12</u>
<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> CONFIDENTIAL	MET WITH <u>Charlotte Foley</u>	TIME IN	TIME OUT	TODAY'S DATE <u>4-11-97</u>

ALLEGATION(S): There are 9 infants to 2 staff in "middle group" room (around age 1) when teacher Karen has her own infant there.

INVESTIGATION FINDINGS: LPA observed and spoke to Karen, her immediate co-teacher, and head teacher Charlotte. I was able to determine that this has happened when there are no children kept home on a particular day.

☒ Substantiated ☐ Inconclusive ☐ Unfounded ☐ Needs Further Investigation  
Estimated Days of Completion \_\_\_\_\_

## SPECIFIC DEFICIENCIES

## RECOMMENDATIONS/CORRECTIONS

Section 101416.5 (c) There has been a ratio of greater than 4:1 at times at this infant care center.

Have either moved a child to a different room or called in an extra teacher (when able) to cover the rare times when there have been nine children. Will discuss problem with owner & director.

A proposed plan will be forwarded to licensing in writing by 4/18/97

Possibility that child & mom would be moving up to older classroom. Will involve parent flexibility.

Failure to correct the deficiency(ies) cited above by 4/18/97 may result in civil penalty assessments of \$50 or more per day.

LICENSING ANALYST SIGNATURE <u>Jane Hatten</u>	TELEPHONE <u>(286-7074</u>	I acknowledge receipt of this form and understand my appeal rights as explained on the back of this form.	
NAME OF SUPERVISOR <u>Roberta Dofis</u>	TELEPHONE <u>( ) 7094</u>	SIGNATURE <u>Charlotte Foley</u>	DATE <u>4-11-97</u>

Distribution: Original: Agency Duplicate: Licensee Triplicate: File.

Page \_\_\_\_\_ of \_\_\_\_\_



## COMPLAINT INVESTIGATION REPORT

COMPLAINT CONTROL NUMBER 74This is an official report of an unannounced visit/investigation of a complaint received in our office on 2-25-97 and conducted by Evaluator Wendy Shipnuck

FACILITY NAME <u>First Steps Learning Center</u>	FACILITY NO. <u>073400647</u>	FACILITY TYPE <u>Infant center</u>	FACILITY REPRESENTATIVE <u>Roseann Beaman</u> <u>Charlotte Foley</u>	
ADDRESS <u>3201 Stanley Blvd Lafayette</u>	TELEPHONE <u>9336283</u>	CAPACITY <u>32</u>	CENSUS <u>10</u>	
<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> CONFIDENTIAL	MEET WITH <u>Roseann Beaman</u> <u>Charlotte Foley</u>	TIME IN <u>720</u>	TIME OUT <u>925</u>	TODAY'S DATE <u>3-4-97</u>

## ALLEGATION(S):

Sanitation - The food preparation area is right next to the diaper changing area, and food has been put on the changing table.

## INVESTIGATION FINDINGS:

I interviewed staff, who verified that sometimes a food tray is put on the changing table because the kitchen / changing area is so small. Also, the diaper changing table is next to the refrigerator, while making room for lunches in the refrigerator, other lunches have sometimes been left on the changing table.

There are separate sinks. One staff said she had seen substitutes use the wrap sinks on occasion - others said the right sink are always used.

<input checked="" type="checkbox"/> Substantiated <input type="checkbox"/> Inconclusive <input type="checkbox"/> Unfounded	<input type="checkbox"/> Needs Further Investigation Estimated Days of Completion _____
<b>SPECIFIC DEFICIENCIES</b>	<b>RECOMMENDATIONS/CORRECTIONS</b>
(1) Sec 101439(a) Infant Care Center Fixtures Furniture Equipment & Supplies The changing table is in the food preparation area, next to the refrigerator. Food has been put on it due to space restrictions. This is very unsanitary.	I moved the table in LPA's presence to the other side of the bathroom.

This report will remain in the facility's public on-site file

Failure to correct the deficiency(ies) cited above by 3-5-97 may result in civil penalty assessments of \$50 or more per day.

LICENSING ANALYST SIGNATURE <u>Wendy Shipnuck</u>	TELEPHONE <u>(510) 2867083</u>	I acknowledge receipt of this form and understand my appeal rights as explained on the back of this form.	
NAME OF SUPERVISOR <u>Donna Allen</u>	TELEPHONE <u>(510) 2867062</u>	SIGNATURE <u>R Beaman</u>	DATE <u>3-4-97</u>

Distribution: Original: Agency Duplicate: Licensee Triplicate: File.

## FACILITY EVALUATION REPORT

REFER TO

See other side for explanation of form.

FACILITY NAME <b>First Step Learning Center</b>	DIRECTOR <b>Charlotte Foley</b>	FACILITY NUMBER <b>073400647</b>	FACILITY TYPE <b>Infant Center</b>
ADDRESS <b>3201 Stanley Blvd Lafayette</b>	TELEPHONE <b>(510) 933 6283</b>	CAPACITY <b>32</b>	CENSUS <b>10</b>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input checked="" type="checkbox"/> MET WITH <b>Charlotte Foley</b>		<input type="checkbox"/> ANNOUNCED	TIME VISIT BEGAN <b>12:00</b>
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		<input checked="" type="checkbox"/> UNANNOUNCED	TIME COMPLETED <b>6:25</b>

## DEFICIENCY INFORMATION FOR THIS PAGE:

- ☐ Type A  
☒ Type B  
☐ No Deficiency Cited

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed  
☐ Penalty Notice Given  
☐ Penalty Cleared  
☐ Not Applicable

## COMMENTS/DEFICIENCIES

## PLAN OF CORRECTIONS (POCs)

POC  
DUE DATE

In discussing a letter a teacher had written to the licensee, I discovered the following deficiency:

C) Sec 101212 Reporting Requirements

A former teacher wrote a letter to the licensee which detailed alleged corporal punishment by another teacher. Although neither the facility nor I believed there was a basis for the allegations, the center was still required to report it to CCL by the next working day and in writing within a week.

We will report everything whether or not we believe it or not.

This report will remain in the facility's public access file.

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes, Foster Family Homes and all governmental agencies are exempt).

LICENSING EVALUATOR SIGNATURE <b>Wendy Shupack</b>	TELEPHONE <b>(510) 2867083</b>	DATE <b>3-4-97</b>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <b>Donna Lee</b>	TELEPHONE <b>(510) 2867068</b>	FACILITY REPRESENTATIVE SIGNATURE <b>R. B. ...</b>	
			DATE <b>3-4-97</b>

## FACILITY EVALUATION REPORT

REFER TO

Bay Area District Office  
5850 Shellmound Street, Suite 315  
Emeryville CA 94608-1963

See other side for explanation of form.

FACILITY NAME <i>First Steps Learning Ctr.</i>	DIRECTOR	FACILITY NUMBER <i>073400047</i>	FACILITY TYPE <i>INFANT</i>
ADDRESS <i>3201 Stanley Lafayette</i>	TELEPHONE	CAPACITY <i>32</i>	CENSUS <i>22</i>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> MET WITH		<input type="checkbox"/> ANNOUNCED	DATE <i>10/22/99</i>
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> FOLLOW-UP		<input type="checkbox"/> UNANNOUNCED	TIME VISIT BEGAN <i>3:00</i>
			TIME COMPLETED <i>3:45</i>

## DEFICIENCY INFORMATION FOR THIS PAGE:

- ☐ Type A  
☐ Type B  
☐ No Deficiency Cited

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed  
☐ Penalty Notice Given  
☐ Penalty Cleared  
☐ Not Applicable

COMMENTS/DEFICIENCIES	PLAN OF CORRECTIONS (POCs)	POC DUE DATE
<p>LPA Barbara Bobincheck met with Gina Gomes for the purpose of a follow-up visit.</p> <p>The following deficiency is corrected.</p> <p>① Section 101121: Fire Clearance: Facility is now operating within the time of the fire clearance. No children were present young toddlers and no children were in the munchkin room.</p> <p><u>Deficiency Cleared</u></p>		

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes, Foster Family Homes and all governmental agencies are exempt).

LICENSING EVALUATOR SIGNATURE <i>Barbara Bobincheck</i>	TELEPHONE	DATE <i>10/22/99</i>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <i>Gail Nana</i>	TELEPHONE	FACILITY REPRESENTATIVE SIGNATURE <i>Gina Gomes</i>	
		DATE <i>10/22/99</i>	

LIC 809 (12/93)

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Page 1 of 1 pages

## COMPLAINT INVESTIGATION REPORT

COMPLAINT CONTROL NUMBER 300130This is an official report of an unannounced visit/investigation of a complaint received in our office on 10/4/96 and conducted by Evaluator B. Bobincheck

FACILITY NAME <u>First Steps Learning Ctr.</u>	FACILITY NO. <u>073400647</u>	FACILITY TYPE <u>Infant</u>	FACILITY REPRESENTATIVE <u>L. Grifley</u>
ADDRESS <u>3201 Stanley Blvd. Lafayette</u>	TELEPHONE <u>933-6483</u>	CAPACITY <u>39</u>	CENSUS <u>18</u>
<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> CONFIDENTIAL	MET WITH <u>R. Berman</u>	TIME IN <u>8:10</u>	TIME OUT <u>9:00</u>
		TODAY'S DATE <u>10/11/96</u>	

ALLEGATION(S): Fire Clearance; back Classroom has 8 children in it. Fire Clearance put a limitation of 6 children in that Classroom.

INVESTIGATION FINDINGS: On initial visit of 10/8/96, there were 8 children in the Classroom. Mrs. Berman was under the impression that since she added another exterior exit, that the limitation of 6 children would no longer be in effect. LPA Bobincheck requested that Mrs. Richard Carpenter of Contra Costa file notice another inspection to determine the limits in that room. I spoke to Mrs. Carpenter on 10/9/96. He stated that the limitation in that Classroom.

☒ Substantiated ☐ Inconclusive ☐ Unfounded ☐ Needs Further Investigation  
Estimated Days of Completion \_\_\_\_\_

TYPE A	SPECIFIC DEFICIENCIES	RECOMMENDATIONS/CORRECTIONS
1	<u>Section 101171; Fire Clearance. Facility was operating beyond the terms of their Fire Clearance. Fire Clearance put a limitation of 6 children in the back Classroom. On 10/8/96, there were 8 children in the room.</u>	<u>I will keep the ratio 6 or 7 in each Classroom - I would not have added the extra exterior door if I had understood this initially.</u>

Failure to correct the deficiency(ies) cited above by 10/14/96 may result in civil penalty assessments of \$50 or more per day.

LICENSING ANALYST SIGNATURE <u>B. Bobincheck</u>	TELEPHONE <u>450382</u>	I acknowledge receipt of this form and understand my appeal rights as explained on the back of this form.	
NAME OF SUPERVISOR <u>Phil Numa</u>	TELEPHONE <u>450382</u>	SIGNATURE <u>R. Berman</u>	DATE

Distribution: Original: Agency Duplicate: Licensee Triplicate: File.

Page 1 of 2

## COMMUNITY CARE LICENSING

## FACILITY EVALUATION REPORT

REFER TO

Bay Area District Office  
5850 Shellmound Street, Suite 3  
Emeryville, CA 94608-1963

See other side for explanation of form.

FACILITY NAME <i>First Steps Learning Ctr.</i>	DIRECTOR	FACILITY NUMBER <i>073400647</i>	FACILITY TYPE <i>Infant</i>
ADDRESS <i>3201 Stanley Blvd.</i>	TELEPHONE ( )	CAPACITY <i>32</i>	CENSUS <i>18</i>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> MET WITH		<input type="checkbox"/> ANNOUNCED	TIME VISIT BEGAN <i>8:10</i>
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		<input checked="" type="checkbox"/> UNANNOUNCED	TIME COMPLETED <i>9:00</i>

## DEFICIENCY INFORMATION FOR THIS PAGE:

- ☐ Type A ☐ No Deficiency Cited  
☐ Type B

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS/DEFICIENCIES

## PLAN OF CORRECTIONS (POCs)

POC  
DUE DATE

Was still to children. He said Mr. Berman misunderstood him about the added exterior exit. He met with Mr. Berman and explained to her why the invitation must remain at 6 children. Allegation is SUBSTANTIATED.

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes, Foster Family Homes and all governmental agencies are exempt).

LICENSING EVALUATOR SIGNATURE <i>Barbara Berman</i>	TELEPHONE <i>450 3921</i>	DATE <i>10/11/96</i>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <i>Paul Nanao</i>	TELEPHONE <i>450 3984</i>	FACILITY REPRESENTATIVE SIGNATURE <i>Berman</i>	

LIC 809 (12/93)

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Page *2* of *9* pages

## FACILITY EVALUATION REPORT

REFER TO Bay Area District Office

5850 Shellmound Street, Suite 31

Emeryville, CA 94608-1963

See other side for explanation of form.

FACILITY NAME <i>First Steps Learning Center</i>		DIRECTOR <i>L. Grifley</i>	FACILITY NUMBER <i>0739000017</i>		FACILITY TYPE <i>Infant</i>
ADDRESS <i>3201 Stanley Blvd. Lafayette</i>		TELEPHONE <i>433-6883</i>	CAPACITY <i>32</i>	CENSUS <i>16</i>	DATE <i>10/11/96</i>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> MET WITH			<input type="checkbox"/> ANNOUNCED		TIME VISIT BEGAN <i>8:10</i>
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> FOLLOW-UP <i>(Gina)</i>			<input checked="" type="checkbox"/> UNANNOUNCED		TIME COMPLETED

## DEFICIENCY INFORMATION FOR THIS PAGE:

- ☐ Type A  
☐ No Deficiency Cited  
☐ Type B

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS/DEFICIENCIES

## PLAN OF CORRECTIONS (POCs)

POC  
DUE DATE

Licensing Program Analyst Barbara Bobincheck conducted a follow-up visit to determine if deficiency cited on 10/8/96 has been corrected.

The following deficiency has been corrected:

Section 101416.5 Staff/Infant Ratio;  
The facility was within ratio today - there was 1 teacher with 3 infants in the playroom, 1 teacher with 3 infants in the napped room to the far left and 3 teachers with 10 toddlers in the toddler room.

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes, Foster Family Homes and all governmental agencies are exempt).

LICENSING EVALUATOR SIGNATURE <i>Barbara Bobincheck</i>	TELEPHONE <i>4503921</i>	DATE <i>10/11/96</i>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <i>Paul Nanao</i>	TELEPHONE <i>433-3984</i>	FACILITY REPRESENTATIVE SIGNATURE <i>[Signature]</i>	
		DATE <i>10/11/96</i>	

## FACILITY EVALUATION REPORT

REFER TO

5850 Shellmound Street, Suite 315  
Emeryville CA 94608-1963

See other side for explanation of form.

FACILITY NAME <i>First Steps Learning Ctr.</i>	DIRECTOR <i>L. Grifley</i>	FACILITY NUMBER <i>013400647</i>	FACILITY TYPE <i>Infant</i>
ADDRESS <i>3281 Stanley Lafayette</i>	TELEPHONE ( )	CAPACITY <i>32</i>	CENSUS <i>23</i>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input checked="" type="checkbox"/> MANAGEMENT <input checked="" type="checkbox"/> MET WITH		<input type="checkbox"/> ANNOUNCED	DATE <i>10/8/96</i>
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		<input checked="" type="checkbox"/> UNANNOUNCED	TIME VISIT BEGAN <i>8:30</i>
			TIME COMPLETED <i>9:45</i>

## DEFICIENCY INFORMATION FOR THIS PAGE:

- ☐ Type A ☐ No Deficiency Cited  
☐ Type B

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS/DEFICIENCIES

## PLAN OF CORRECTIONS (POCs)

POC  
DUE DATE

*licensing program analyst Barbara Robinson not with Karen Korman owner for the purpose of a core management visit.*

*The following Type A deficiency is cited:*

*Director 10/4/96. 5 Staff - Infant ratio; When I arrived Alicia was caring for 5 infants, this does not meet the 1:4 ratio*

*10/9/96*

*\*Deficiency was corrected during visit. Staff that was scheduled at 8:45 was a few minutes late.*

*I will speak w/ employee to make sure they understand the importance of being on time.*

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes, Foster Family Homes and all governmental agencies are exempt).

LICENSING EVALUATOR SIGNATURE <i>Barbara Robinson</i>	TELEPHONE <i>403941</i>	DATE <i>10/8/96</i>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <i>Sue Mance</i>	TELEPHONE <i>403984</i>	FACILITY REPRESENTATIVE SIGNATURE <i>Barbara Robinson</i>	
			DATE <i>10-8-96</i>



## FACILITY EVALUATION REPORT

REFER TO

COMMUNITY CARE LICENSING  
Bay Area District Office  
5850 Shellmound Street, Suite 315  
Emeryville CA 94608-1963

See other side for explanation of form.

FACILITY NAME <i>First Steps Learning Center</i>	DIRECTOR <i>A. Griffey</i>	FACILITY NUMBER <i>013400047</i>	FACILITY TYPE <i>Infant</i>
ADDRESS <i>3201 Stanley Blvd. Lafayette</i>	TELEPHONE <i>933-6183</i>	CAPACITY	CENSUS
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> MET WITH		<input checked="" type="checkbox"/> ANNOUNCED	TIME VISIT BEGAN <i>2:00</i>
<input checked="" type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		<input type="checkbox"/> UNANNOUNCED	TIME COMPLETED

## DEFICIENCY INFORMATION FOR THIS PAGE:

- ☐ Type A  
☐ No Deficiency Cited  
☐ Type B

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS/DEFICIENCIES

## PLAN OF CORRECTIONS (POCs)

POC  
DUE DATE

LRA Barbara Babincheck met with applicant Roxann Berman for the purpose of a follow-up prelicensing visit.

The following has been corrected:

Opening on far end of the playground has been fixed. Fencing now goes to the building and no longer has an opening.

Application is approved for licensure.

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes, Foster Family Homes and all governmental agencies are exempt).

LICENSING EVALUATOR SIGNATURE <i>Barbara Babincheck</i>	TELEPHONE <i>450 341</i>	DATE <i>9/9/96</i>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <i>Dale Nanao</i>	TELEPHONE <i>450 344</i>	FACILITY REPRESENTATIVE SIGNATURE <i>R. Berman</i>	
			DATE <i>9-9-96</i>



## FACILITY EVALUATION REPORT

See other side for explanation of form.

REFER TO

Bay Area District Office  
5850 Shellmound Street, Suite 315  
Emeryville CA 94608-1963

FACILITY NAME <i>First Steps Learning Center</i>	DIRECTOR	FACILITY NUMBER <i>073900647</i>	FACILITY TYPE <i>Infant</i>
ADDRESS <i>3201 Stanley Blvd. Lafayette</i>	TELEPHONE	CAPACITY <i>8</i>	CENSUS <i>24</i>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> MET WITH <input checked="" type="checkbox"/> ANNOUNCED		DATE <i>8/1/96</i>	
<input checked="" type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		<input type="checkbox"/> UNANNOUNCED	
TIME VISIT BEGAN		TIME COMPLETED	

## DEFICIENCY INFORMATION FOR THIS PAGE:

- ☐ Type A ☐ No Deficiency Cited  
☐ Type B

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS/DEFICIENCIES

## PLAN OF CORRECTIONS (POCs)

POC  
DUE DATE

LPA Barbara Bobincheck conducted an announced prelicensing follow up visit. I met with applicants Rosam Berman and Nancy Peterson.

Facility is now completely set up, a health and safety inspection was completed and food area was measured.

The following is needed prior to licensure:

- ① Fencing on far end of playground does not go completely to the building and has left an opening. This must be fixed.

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes, Foster Family Homes and all governmental agencies are exempt).

LICENSING EVALUATOR SIGNATURE <i>Barbara Bobincheck</i>	TELEPHONE <i>450 3441</i>	DATE <i>9/3/96</i>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <i>Paul Nana</i>	TELEPHONE <i>450 13024</i>	FACILITY REPRESENTATIVE SIGNATURE <i>Rosam</i>	DATE <i>9-3-96</i>

## FACILITY EVALUATION REPORT

REFER TO

Bay Area District Office  
5850 Shellmound Street, Suite 3  
Emeryville, CA 94608-1963

See other side for explanation of form.

FACILITY NAME <b>First Steps Learning Center</b>	DIRECTOR	FACILITY NUMBER <b>073400647</b>	FACILITY TYPE <b>Infant</b>
ADDRESS <b>3201 Stanley Blvd. Lafayette, 94591</b>	TELEPHONE	CAPACITY <b>2</b>	CENSUS <b>2</b>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input checked="" type="checkbox"/> MET WITH		<input checked="" type="checkbox"/> ANNOUNCED	
<input checked="" type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		<input type="checkbox"/> UNANNOUNCED	
DEFICIENCY INFORMATION FOR THIS PAGE: <input type="checkbox"/> Type A <input type="checkbox"/> No Deficiency Cited <input type="checkbox"/> Type B		CIVIL PENALTY INFORMATION: <input type="checkbox"/> Penalty Assessed <input type="checkbox"/> Penalty Notice Given <input type="checkbox"/> Penalty Cleared <input type="checkbox"/> Not Applicable	
COMMENTS/DEFICIENCIES		PLAN OF CORRECTIONS (POCs)	
TIME VISIT BEGAN <b>8-</b>		TIME COMPLETED <b>10-</b>	

LPA Barbara Bobincheck met with applicant Roseann Beeman for the purpose of a prelicensing inspection. This is a change of location application.

Facility is located within Calvary Baptist Church. It has 6 Classroom areas, a Crib room, food prep area and changing table area. This is an infant program only. There are 3 sinks available to the children. The staff/ isolation bathroom is located outside the classroom area in church corridor. A bathroom for childrens use is also in this area. The Crib room has 8 cribs.

The facility has not yet been completely set up as of today's visit. They plan on being in by September 1. The fire clearance has been received.

During today's visit the facility was measured to determine indoor capacity. The outdoor measurements will be completed when fencing has been put in.

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes, Foster Family Homes and all governmental agencies are exempt).

LICENSING EVALUATOR SIGNATURE <b>Barbara Bobincheck</b>	TELEPHONE <b>4523991</b>	DATE <b>8/1/96</b>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <b>Paul Nanao</b>	TELEPHONE <b>4523994</b>	FACILITY REPRESENTATIVE SIGNATURE <b>Roseann Beeman</b>	
			DATE <b>8-1-96</b>

## FACILITY EVALUATION REPORT

REFER TO

COMMUNITY CARE LICENSING

Bay Area District Office

5850 Shellmound Street, Suite 3

Emeryville, CA 94608-1963

See other side for explanation of form.

FACILITY NAME <i>First Steps Learning Center</i>	DIRECTOR <i>[Signature]</i>	FACILITY NUMBER <i>01340047</i>	FACILITY TYPE <i>Infant</i>
ADDRESS <i>3201 Stanley Blvd. Lafayette</i>	TELEPHONE <i>[Signature]</i>	CAPACITY	CENSUS
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> MET WITH <input checked="" type="checkbox"/> ANNOUNCED		TIME VISIT BEGAN	
<input checked="" type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		<input type="checkbox"/> UNANNOUNCED	
		TIME COMPLETED	

## DEFICIENCY INFORMATION FOR THIS PAGE:

- ☐ Type A ☐ No Deficiency Cited  
☐ Type B

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS/DEFICIENCIES

## PLAN OF CORRECTIONS (POCs)

POC  
DUE DATE

*I will make a follow-up visit when center is completely moved into. During the follow up visit a complete health and safety inspection will be conducted. Also, Staff files and a sampling of Childrens files will be reviewed.*

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes, Foster Family Homes and all governmental agencies are exempt).

LICENSING EVALUATOR SIGNATURE <i>[Signature]</i>	TELEPHONE <i>450384</i>	DATE <i>8/1/96</i>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <i>Gail Kamao</i>	TELEPHONE <i>450384</i>	FACILITY REPRESENTATIVE SIGNATURE <i>Roseann Burton</i>	
			DATE <i>8-1-96</i>

## FACILITY EVALUATION REPORT

See other side for explanation of form.

REFER TO

Bay Area District Office  
5850 Shellmound Street, Suite 315  
Emeryville CA 94608-1963

FACILITY NAME <b>First Steps Learning Center</b>	DIRECTOR <b>Lee Griffin</b>	FACILITY NUMBER <b>070209050</b>	FACILITY TYPE <b>Infant Center</b>
ADDRESS <b>1000 Unhappy Valley Lafayette</b>	TELEPHONE <b>(510) 283 4058</b>	CAPACITY <b>40</b>	CENSUS <b>15</b>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input checked="" type="checkbox"/> MET WITH		<input type="checkbox"/> ANNOUNCED	TIME VISIT BEGAN <b>1:15</b>
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> FOLLOW-UP		<input checked="" type="checkbox"/> UNANNOUNCED	TIME COMPLETED <b>2:35</b>

## DEFICIENCY INFORMATION FOR THIS PAGE:

- ☐ Type A ☒ No Deficiency Cited  
☐ Type B

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS/DEFICIENCIES

## PLAN OF CORRECTIONS (POCs)

POC  
DUE DATE

Today's visit was a followup to my 6-10-96 visit.

Today the following deficiencies were closed:

(1) Sec 10216(g)(h) Personnel Requirements

a) Staff # 7, 8, & 13 had physical reports. Staff # 5 left.

b) Staff # 3, 4, 8, 13 had TB test results. Staff # 5 left

(2) Sec 10170(c) Criminal Record Clearance

Staff # 13 has a criminal record statement on file

(3) Sec 101416.2 Infant Care Teacher Qualifications

Staff # 5 left. Staff # 9 had her transcripts / BA

(4) Sec 10219(c)(c) Admission Agents

checked # 7 had an admission agent

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes, Foster Family Homes and all governmental agencies are exempt).

LICENSING EVALUATOR SIGNATURE <b>Wendy Supmuck</b>	TELEPHONE <b>(510) 450-5156</b>	DATE <b>7-15-96</b>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <b>Donna Allen</b>	TELEPHONE <b>(510) 450-5184</b>	FACILITY REPRESENTATIVE SIGNATURE <b>Roseann Buerger</b>	
			DATE <b>7-15-96</b>

LIC 809 (12/93)

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Page 1 of 1 pages

## FACILITY EVALUATION REPORT

See other side for explanation of form.

REFER TO

COMMUNITY CARE LICENSING  
Bay Area District Office  
5850 Shellmound Street, Suite 315  
Emeryville CA 94608-1963

FACILITY NAME <b>First Steps Learning Center</b>	DIRECTOR <b>Kim Hodgkins</b>	FACILITY NUMBER <b>070209050</b>	FACILITY TYPE <b>Infant Center</b>
ADDRESS <b>1000 Upper Happy Valley, Lafayette, CA 94501</b>	TELEPHONE <b>510 283 4058</b>	CAPACITY <b>40</b>	CENSUS <b>30</b>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input checked="" type="checkbox"/> MET WITH		<input type="checkbox"/> ANNOUNCED <input checked="" type="checkbox"/> UNANNOUNCED	
<input type="checkbox"/> PRELICENSING <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		DATE <b>6-10-96</b>	
TIME VISIT BEGAN <b>1:45</b>		TIME COMPLETED <b>5:10</b>	

## DEFICIENCY INFORMATION FOR THIS PAGE:

- ☐ Type A  
☒ Type B  
☐ No Deficiency Cited

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS/DEFICIENCIES

## PLAN OF CORRECTIONS (POCs)

POC  
DUE DATE

Today's visit was a comprehensive annual visit.  
The facility and playground were in good repair.

- The following deficiencies are cited:
- (1) Sec 101216(g)(h) personnel requirements  
 (a) Staff # 5, 7, 8, 13 (see today's LIC 859)  
 had no physician's reports  
 (b) Staff # 3, 5, 7, 8, 13 had no TB test results

Forms will  
be in file.

- (2) Sec 101170(c) Criminal Record Clearance  
 Staff # 13 has not completed a  
 criminal record statement. His FP  
 clearance has not come back yet

- (3) Sec 101416.2 Infant Care Teacher Qualifications  
 Staff # 5 and 9 needed course description  
 (AS) and transcripts (49)

- (4) Sec 101219(a)(c) Admission Agreements  
 Child # 7 had no admission  
 agreement

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes, Foster Family Homes and all governmental agencies are exempt).

LICENSING EVALUATOR SIGNATURE <b>Wendy Shumway</b>	TELEPHONE <b>(510) 450 3956</b>	DATE <b>6/10/96</b>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <b>Donna Allen</b>	TELEPHONE <b>(510) 450 3984</b>	FACILITY REPRESENTATIVE SIGNATURE <b>Rita Telford</b>	
			DATE <b>6/10/96</b>

REFER TO

See other side for explanation of form.

Bay Area District Office  
5850 Shellmound Street, Suite 315  
Emeryville CA 94608-1963

FACILITY NAME <b>First Steps</b>		DIRECTOR <b>Lisa Gaffney</b>		FACILITY NUMBER <b>070209050</b>		FACILITY TYPE <b>Infant Center</b>	
ADDRESS <b>1000 Upper Haggerty Valley Lafayette</b>		TELEPHONE <b>(510) 283 4048</b>		CAPACITY <b>40</b>	CENSUS <b>10</b>	DATE <b>11-17-95</b>	
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input checked="" type="checkbox"/> MET WITH				<input type="checkbox"/> ANNOUNCED		TIME VISIT BEGAN <b>730</b>	
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP <b>V. Wayburn</b>				<input checked="" type="checkbox"/> UNANNOUNCED		TIME COMPLETED <b>750</b>	

☐ Type A ☐ No Deficiency Cited  
☐ Type B

☐ Penalty Assessed      ☐ Penalty Notice Given  
☐ Penalty Cleared      ☐ Not Applicable

COMMENTS/DEFICIENCIES	PLAN OF CORRECTIONS (POCs)	POC DUE DATE
<p>Today's visit is a follow-up to my 11-15-95 visit. There were 10 infants with 4 staff when I arrived.</p> <p>The following deficiency is corrected:</p> <p>(1) Sec 101416.5(c) - Staff-Infant Ratio</p> <p>The ratio was in compliance</p>		

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes, Foster Family Homes and all governmental agencies are exempt).

LICENSING EVALUATOR SIGNATURE <i>Wendy Shipnuck</i>	TELEPHONE (510) 4503956	DATE 11-17-95	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <i>Donna Allen</i>	TELEPHONE (510) 4503984	FACILITY REPRESENTATIVE SIGNATURE <i>Michael Freeman</i>	

## FACILITY EVALUATION REPORT

See other side for explanation of form.

REFER TO

COMMUNITY CARE LICENSING  
Bay Area District Office  
5850 Shellmound Street, Suite 315  
Emeryville CA 94608-1963

FACILITY NAME <b>First Steps</b>	DIRECTOR <b>Lisa Griffey</b>	FACILITY NUMBER <b>070209050</b>	FACILITY TYPE <b>Infant center</b>
ADDRESS <b>1000 Upper Happy Valley Rd Lafayette</b>	TELEPHONE <b>(510) 283-4048</b>	CAPACITY <b>40</b>	CENSUS <b>19</b>
DATE <b>11-15-95</b>	TIME VISIT BEGAN <b>745</b>		
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input checked="" type="checkbox"/> MANAGEMENT <input checked="" type="checkbox"/> MET WITH		<input type="checkbox"/> ANNOUNCED	
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP <b>Roseann Berman</b>		<input checked="" type="checkbox"/> UNANNOUNCED	
TIME VISIT COMPLETED <b>855</b>			

## DEFICIENCY INFORMATION FOR THIS PAGE:

☒ Type A  
☐ No Deficiency Cited  
☐ Type B

## CIVIL PENALTY INFORMATION:

☐ Penalty Assessed  
☐ Penalty Notice Given  
☐ Penalty Cleared  
☐ Not Applicable

COMMENTS/DEFICIENCIES	PLAN OF CORRECTIONS (POCs)	POC DUE DATE
When I arrived at the facility. I waited in the office for 10 minutes - when I went into the infant room there were 19 infants with 3 staff at just before 8am! Two more staff arrived at 805. Before 805 there were two fully qualified teachers and on aide. Two more aides arrived thereafter.		
The following deficiency is cited per CCL: (1) Sec 101416.5(c) Staff-Infant Ratio For at least 10 minutes there were 19 infants with 2 teachers and an aide.		11-16-95

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment of \$50 per day (Family Day Care Homes, Foster Family Homes and all governmental agencies are exempt).

LICENSING EVALUATOR SIGNATURE <b>Wendy Shupmuck</b>	TELEPHONE <b>(510) 422-2856</b>	DATE <b>11-15-95</b>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <b>Donna Allen</b>	TELEPHONE <b>(510) 453-9884</b>	FACILITY REPRESENTATIVE SIGNATURE <b>Roseann Berman</b>	DATE <b>11-15-95</b>



# ANNUAL FOCUS VISIT REPORT FOR CHILD DAY CARE CENTERS

\* If 3 or more regulation sections below is checked "No" - STOP and immediately begin a COMPREHENSIVE visit.

FACILITY NAME <b>FIRST STEPS L.C.</b>		FACILITY NUMBER <b>070209050</b>		FACILITY TYPE <b>INFANT PCC</b>	
ADDRESS <b>1000 UHV Rd, LAF</b>					
CAPACITY <b>40</b>	CENSUS <b>25</b>	DATE <b>6/23/95</b>	TIME VISIT BEGAN <b>8:30</b>	TIME COMPLETED <b>11:30</b>	MET WITH <b>Lisa Giffey</b>
DEFICIENCY INFORMATION FOR THIS PAGE: <input type="checkbox"/> TYPE A <input type="checkbox"/> TYPE B <input type="checkbox"/> NO DEFICIENCY CITED					

## DEFICIENCIES/CRITICAL FACTORS PREVIOUSLY CITED

## DATE CITED

## CURRENTLY IN COMPLIANCE

1.		<input type="checkbox"/> Yes <input type="checkbox"/> No*
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No*
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No*

## \*REGULATION SECTION 101170 - CRIMINAL RECORD CLEARANCE/CHILD ABUSE INDEX CHECK (CAIC)

Fingerprints have been submitted to DOJ on persons as required by regulation..... **to check**  
 If No, the licensee is to update the LIC 500 & LIS 595 and submit to CCL and fingerprints to DOJ within \_\_\_\_ days. (\_\_\_\_ initials)

CHECK (✓)  
YES NO☐ ☐

## \*REGULATION SECTIONS 101316.5/101416.5/101516.5 - STAFFING RATIO

STAFF QUALIFICATIONS  
 Appropriate staffing ratios are maintained to meet children's needs..

CHECK (✓)  
YES NO☒ ☐

## \*REGULATION SECTIONS 101161/101171-FIRE SAFETY CAPACITY/AMBULATORY STATUS/FIRE CLEARANCE

Fire clearance .....(Number of NON-AMB.....)  
 Facility is within licensed capacity .....

CHECK (✓)  
YES NO☒ ☐

## \*REGULATION SECTIONS 101238/101438.2/101438.3/101538.2-BUILDING AND GROUNDS

Facility is clean, safe, sanitary and in good repair.....  
 If there is a pool on the premises, is it inaccessible to children?.....  
 Play equipment is safe and free from hazards .....  
 Hazardous materials & firearms are inaccessible to children.....  
 Indoor & outdoor activity space for each licensed component are physically separate .....

CHECK (✓)  
YES NO☒ ☒☒ ☐☒ ☐☒ ☐☒ ☐

## \*REGULATION SECTIONS 101223(a)(3),(6), and(7) - PERSONAL RIGHTS

Children are not subjected to corporal or unusual punishment.....  
 Children are not locked in any room, building, or facility.....  
 No restraints are used, except approved postural supports .....

CHECK (✓)  
YES NO☒ ☐☒ ☐☒ ☐

## \*REGULATION SECTIONS 101239(e)101339/101439 - FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES

Toilets/handwashing facilities are available and in operating condition to meet children's needs .....  
 Solid waste is stored, located and disposed of properly.....  
 Temperature of hot water is not more than 120 degrees F.....  
 Appropriate, safe & sanitary furniture (changing and feeding tables, cribs) and equipment for infants. ....  
 Safe & sanitary toys, pacifiers and rattles for infants. ....  
 Safe and appropriate play equipment for each licensed component .....

CHECK (✓)  
YES NO☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐

## \*REGULATION SECTION 101224 - TELEPHONES

Working telephone on the premises.....

CHECK (✓)  
YES NO☒ ☐

## \*REGULATION SECTION 101326(e) - HEALTH RELATED SERVICES

Provide and ensure medical treatment for injuries and illnesses .....  
 Medications are stored, locked, labeled and assistance given according to regulations .....

CHECK (✓)  
YES NO☒ ☐☒ ☐

## \*REGULATION SECTION 101227/101427 - FOOD SERVICE

Pesticides/toxics/cleaning compounds not stored with foods.....  
 Food areas, equipment, dishes and utensils clean and no signs of rodents, insects or other vermin .....  
 Sufficient food to meet the needs of children in care.....  
 Food is protected against contamination.....  
 Infant formula is stored, bottled & labeled appropriately .....

CHECK (✓)  
YES NO☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐

## \*REGULATION SECTION 101172 - WATER SUPPLY

If water is from a private source, is appropriate bacterial analysis on file? .....

CHECK (✓)  
YES NO☒ ☐

## SPECIFIC DEFICIENCIES

## PLAN OF CORRECTIONS (POCs)

POC DUE DATE

**Section 101238 Buildings & Grounds**  
 There is a stack of old branches & leaves in the corner of the infant yard.

The yard will be entirely cleaned of garden refuse.

7/7/95

\* CER/Health & Safety is done

Failure to correct the above deficiency(ies), on or before the POC due date, may result in a civil penalty assessment of \$50 per day.

LICENSING EVALUATOR SIGNATURE <b>Jane Wilkey</b>	TELEPHONE <b>450-3929</b>	DATE <b>6-23-95</b>	I Understand My Appeal Rights As Explained On The Back of This Form.
NAME OF SUPERVISOR <b>Roberta Davis</b>	TELEPHONE <b>-3944</b>	FACILITY REPRESENTATIVE SIGNATURE <b>Lisa Giffey</b>	DATE <b>6-23-95</b>



# ANNUAL FOCUS VISIT REPORT FOR CHILD DAY CARE CENTERS

\* If 3 or more regulation sections below is checked "No" - STOP and immediately begin a COMPREHENSIVE visit.

FACILITY NAME <b>First Steps L.C.</b>		FACILITY NUMBER <b>070209985</b>		FACILITY TYPE <b>BC</b>	
ADDRESS <b>1000 Upper Happy Valley Rd, Lafayette</b>					
CAPACITY <b>40</b>	CENSUS <b>17</b>	DATE <b>6/24/94</b>	TIME VISIT BEGAN	TIME COMPLETED	MET WITH <b>Lisa Guffey</b>

DEFICIENCY INFORMATION FOR THIS PAGE:  
☒ TYPE A    ☐ TYPE B    ☐ NO DEFICIENCY CITED

DEFICIENCIES/CRITICAL FACTORS PREVIOUSLY CITED	DATE CITED	CURRENTLY IN COMPLIANCE
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No*
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No*
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No*

\*REGULATION SECTION 101170 - CRIMINAL RECORD CLEARANCE/CHILD ABUSE INDEX CHECK (CAIC)  
 Fingerprints have been submitted to DOJ on persons as required by regulation.....  
 If No, the licensee is to update the LIC 500 & LIS 595 and submit to CCL and fingerprints to DOJ within \_\_\_\_ days. (\_\_\_\_ initials)

CHECK (✓)  
YES NO

☒ ☐

\*REGULATION SECTIONS 101161/101171-FIRE SAFETY CAPACITY/AMBULATORY STATUS/FIRE CLEARANCE  
 Fire clearance .....(Number of NON-AMB.....)  
 Facility is within licensed capacity .....

CHECK (✓)  
YES NO

☒ ☐

\*REGULATION SECTIONS 101223(a)(3),(6), and(7) - PERSONAL RIGHTS

Children are not subjected to corporal or unusual punishment.....  
 Children are not locked in any room, building, or facility.....  
 No restraints are used, except approved postural supports .....

CHECK (✓)  
YES NO

☐ ☐

\*REGULATION SECTION 101224 - TELEPHONES

Working telephone on the premises.....

CHECK (✓)  
YES NO

☐ ☐

\*REGULATION SECTION 101326(e) - HEALTH RELATED SERVICES

Provide and ensure medical treatment for injuries and illnesses .....  
 Medications are stored, locked, labeled and assistance given according to regulations .....

CHECK (✓)  
YES NO

☐ ☐

\*REGULATION SECTION 101227/101427 - FOOD SERVICE

Pesticides/toxics/cleaning compounds not stored with foods.....  
 Food areas, equipment, dishes and utensils clean and no signs of rodents, insects or other vermin.....  
 Sufficient food to meet the needs of children in care.....  
 Food is protected against contamination.....  
 Infant formula is stored, bottled & labeled appropriately .....

CHECK (✓)  
YES NO

☐ ☐

\*REGULATION SECTIONS 101316.5/101416.5/101516.5 - STAFFING RATIO

STAFF QUALIFICATIONS

Appropriate staffing ratios are maintained to meet children's needs..

CHECK (✓)  
YES NO

☐ ☐

\*REGULATION SECTIONS 101238/101438.2/101438.3/101538.2-BUILDING AND GROUNDS

Facility is clean, safe, sanitary and in good repair.....  
 If there is a pool on the premises, is it inaccessible to children?.....  
 Play equipment is safe and free from hazards.....  
 Hazardous materials & firearms are inaccessible to children.....  
 Indoor & outdoor activity space for each licensed component are physically separate.....

CHECK (✓)  
YES NO

☐ ☐

\*REGULATION SECTIONS 101239(e)101339/101439 - FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES

Toilets/handwashing facilities are available and in operating condition to meet children's needs .....  
 Solid waste is stored, located and disposed of properly.....  
 Temperature of hot water is not more than 120 degrees F.....  
 Appropriate, safe & sanitary furniture (changing and feeding tables, cribs) and equipment for infants.....  
 Safe & sanitary toys, pacifiers and rattles for infants.....  
 Safe and appropriate play equipment for each licensed component .....

CHECK (✓)  
YES NO

☐ ☐

\*REGULATION SECTION 101172 - WATER SUPPLY

If water is from a private source, is appropriate bacterial analysis on file?.....

CHECK (✓)  
YES NO

☐ ☐

## SPECIFIC DEFICIENCIES

## PLAN OF CORRECTIONS (POCs)

POC DUE DATE

Section 101238(h) requires that hazardous items be inaccessible to children. "Charlotte's drawers" has sharp tools in it, but is not latched.

A childproofing latch will be put on Charlotte's drawer by 7/1/94. Proof may be sent by mail.

Qualifications for substitute teachers was discussed.

Failure to correct the above deficiency(ies), on or before the POC due date, may result in a civil penalty assessment of \$50 per day.

LICENSING EVALUATOR SIGNATURE <b>[Signature]</b>	TELEPHONE <b>-3929</b>	DATE <b>6/24/94</b>	I Understand My Appeal Rights As Explained On The Back of This Form.
NAME OF SUPERVISOR <b>R. Davis</b>	TELEPHONE <b>450-3944</b>	FACILITY REPRESENTATIVE SIGNATURE <b>[Signature]</b>	DATE <b>6-24-94</b>

LIC 9060 (5/93) ☐ TO COMPREHENSIVE VISIT Page 1 of \_\_\_\_

# UNANNOUNCED FOCUSED RENEWAL VISIT REPORT FOR CHILD DAY CARE CENTERS

\* If more than one regulation section below is checked "No" - STOP and immediately begin a COMPREHENSIVE visit.

FACILITY NAME <b>FIRST STEPS LEARNING CENTER</b>		FACILITY NUMBER <b>070209050</b>	
ADDRESS <b>1000 UPPER HAPPY VALLEY RD LAFAYETTE</b>			TELEPHONE
CAPACITY <b>40</b>	CENSUS <b>24</b>	DATE <b>6-18-93</b>	TIME VISIT BEGAN
		TIME COMPLETED	MET WITH <b>LISA GRITTEY</b>

## SERIOUS DEFICIENCIES/CRITICAL FACTORS PREVIOUSLY CITED

## DATE CITED

## CURRENTLY IN COMPLIANCE

1.		<input type="checkbox"/> Yes <input type="checkbox"/> No *
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No *
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No *
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No *

## \*REGULATION SECTIONS 101161/101171

## CAPACITY/AMBULATORY STATUS/FIRE CLEARANCE

Fire clearance on file ..... (Number of NON-AMB.....)

Facility is within licensed capacity .....

CHECK (✓)  
YES NO
☒ ☐  
☒ ☐

## \*REGULATION SECTION 101172 - WATER SUPPLY

If water is from a private source, is appropriate bacterial analysis on file?

☒ ☐

## \*REGULATION SECTION 101170 - CRIMINAL RECORD CLEARANCE

Fingerprints have been submitted on persons as required by regulation.....

If No, the licensee is to update the LIC 500 &amp; LIS 595 and submit to CCL with fingerprints within \_\_\_\_\_ days. (\_\_\_\_ initials)

☐ ☐

## \*REGULATION SECTION 101326(e) - HEALTH RELATED SERVICES

Medications are stored, locked, labeled and assistance given according to regulations.....

☒ ☐

## \*REGULATION SECTION 101227/101427 - FOOD SERVICE

Pesticides/toxics/cleaning compounds not stored with foods.....

Food areas, equipment, dishes and utensils clean and no signs of rodents, insects or other vermin .....

Dietary needs are met, including snacks.....

Food is protected against contamination.....

Infant formula is stored, bottled &amp; labeled appropriately .....

☒ ☐  
☒ ☐  
☒ ☐  
☒ ☐

## \*REGULATION SECTIONS 101316.5/101416.5/101516.5 - STAFFING RATIO

Appropriate staffing ratios are maintained.....

☒ ☐

## \*REGULATION SECTIONS 101223(a)(3),(6), and(7) - PERSONAL RIGHTS

Children are not subjected to corporal or unusual punishment.....

Children are not locked in any room, building, or facility .....

No restraints are used, except approved postural supports .....

CHECK (✓)  
YES NO
☒ ☐  
☒ ☐  
☒ ☐

## \*REGULATION SECTION 101224 - TELEPHONES

Working telephone on the premises.....

☒ ☐

## \*REGULATION SECTIONS 101238/101438.2/101438.3 - BUILDING AND GROUNDS

If there is a pool on the premises, is it inaccessible to children?.....

Play equipment is safe and free from hazards .....

Hazardous materials &amp; firearms are inaccessible to children.....

Indoor &amp; outdoor activity space for infants are physically separate from day care and school age components .....

☒ ☐  
☒ ☐  
☒ ☐

## \*REGULATION SECTIONS 101239(e)/101439 - FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES

Toilets/handwashing facilities are in safe and sanitary operating condition.....

Solid waste is stored, located and disposed of properly.....

Hot water is not less than 105 degrees F or more than 120 degrees F.....

Appropriate, safe &amp; sanitary furniture (changing and feeding tables, cribs) and equipment for infants.....

Safe &amp; sanitary toys, pacifiers and rattles for infants.....

☒ ☐  
☒ ☐  
☒ ☐  
☒ ☐

## SPECIFIC DEFICIENCIES

## RECOMMENDATIONS/CORRECTIONS

The following deficiency is cited because it poses a potential threat to the health & safety of children: California Code of Regulations, Title 22, Div 12, Section 101238(h) Safe storage of hazardous items.

There is a tool drawer in the infant room which has a broken latch.

Latch will be replaced so it prevents access to the drawer by small children

The above correction will be made by 6/25/93. A civil penalty of \$50 per day will be assessed starting 6/26/93 if correction is not made.

LICENSING EVALUATOR SIGNATURE <i>Jane Whitte</i>	TELEPHONE 450-3929	DATE 6/18/93	I UNDERSTAND MY APPEAL RIGHTS
NAME OF SUPERVISOR <i>Fred Galt</i>	TELEPHONE -3973	FACILITY REPRESENTATIVE SIGNATURE <i>Lisa Gritty</i>	DATE 6-18-93

This form is intended to document contacts concerning the facility identified below. Such contacts may include notification of corrections by the facility. Limit information to public information. File on the top right side of the facility folder. Enter t/c (*telephone call*) or o/v (*other visit*) and the contact date in the first column. Under Summary of Contacts enter relevant information including action taken and follow up. Enter initial and last name after each entry.

[illegible]

## COMPLAINT INVESTIGATION REPORT

COMPLAINT CONTROL NUMBER 26This is an official report of an unannounced visit/investigation of a complaint received in our office on 12-15-92 and conducted by Evaluator Wendy Shipnuck, LPA No. \_\_\_\_\_

FACILITY NAME <u>First Steps Learning Center</u>	FACILITY NO. <u>070209050</u>	FACILITY TYPE <u>DCC-Infant</u>	FACILITY REPRESENTATIVE <u>Lisa Griffey</u>
ADDRESS <u>1000 Upper Happy Valley, Lafayette</u>		TELEPHONE <u>(510) 283 4048</u>	CAPACITY <u>40</u>
<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> CONFIDENTIAL	MET WITH <u>Lisa Griffey</u>	TIME IN <u>8</u>	TODAY'S DATE <u>12-23-92</u>
ALLEGATION(S):		TIME OUT <u>110</u>	

Staff left alone in the Munchkin room is not qualified as an infant teacher

## INVESTIGATION FINDINGS:

Until 2 weeks ago, both staff in the Munchkin room had watched children alone at times. One has no completed units (Staff #1 - See Lic 811 today's date) - The other had no infant class completed. That staff member quit.

<input checked="" type="checkbox"/> Substantiated	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Unfounded	<input type="checkbox"/> Needs Further Investigation Estimated Days of Completion _____
SPECIFIC DEFICIENCIES		RECOMMENDATIONS/CORRECTIONS	
<u>(1) per 101416.2(b)(6) - Infant Care Teacher Qualifications</u>  <u>Until Dec. 14, neither staff member in the Munchkin room was qualified to act as an infant teacher. One quit and the other is working in a larger room with qualified teachers now.</u>		<u>It was our understanding that since Staff # 2 had completed at least 12 ECE units and was enrolled in the Infant Toddler class that she was qualified as an Infant Teacher. We are now aware that staff must complete the Infant Toddler course before being fully qualified and will ensure that this doesn't happen again.</u> <u>Lisa Griffey</u>	

Failure to correct the deficiency(ies) cited above by \_\_\_\_\_ may result in civil penalty assessments of \$50 or more per day.

LICENSING ANALYST SIGNATURE <u>Wendy Shipnuck</u>	TELEPHONE <u>(510) 4503956</u>	I acknowledge receipt of this form and understand my appeal rights as explained on the back of this form.	
NAME OF SUPERVISOR <u>Fred Gill</u>	TELEPHONE <u>(510) 4503984</u>	SIGNATURE <u>Lisa Griffey</u>	DATE <u>12-23-92</u>

Distribution: Original: Agency Duplicate: Licensee Triplicate: File.

## LICENSING REPORT

REFER TO:

See other side for explanation of form.

FACILITY NAME <u>First Steps Learning Center</u>		DIRECTOR <u>Lisa Griffey</u>	FACILITY NUMBER <u>070209050</u>		FACILITY TYPE <u>DCG-Infant</u>
ADDRESS <u>1000 Upper Happy Valley, Lafayette</u>		TELEPHONE <u>(510) 2834048</u>	CAPACITY <u>40</u>	CENSUS <u>10</u>	DATE <u>12-23-92</u>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> RENEWAL <input type="checkbox"/> COMPLAINT <input type="checkbox"/> MANAGEMENT			<input type="checkbox"/> ANNOUNCED		TIME VISIT BEGAN <u>8</u>
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> EVALUATION <input type="checkbox"/> FOLLOW-UP <input checked="" type="checkbox"/> OTHER			<input checked="" type="checkbox"/> UNANNOUNCED		TIME COMPLETED <u>11:13</u>

## DEFICIENCY INFORMATION:

- ☐ No Deficiency Cited ☐ Deficiency Cleared  
☒ Deficiency Cited

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS / DEFICIENCIES

## RECOMMENDATIONS / CORRECTIONS

While at the center I discovered that a staff person's fingerprint card had been returned to the center and has still not shown up on our computer. Though the child abuse index is clear. There have been 3 cards sent in, according to the director, the last one being in August 1992.

The following deficiency is cited: type A  
 (1) 10172 Criminal Record Clearance  
 Staff #1 does not have a criminal record clearance, as our computer shows no record of receiving prints after they were returned.

We will resubmit Staff #1's fingerprint for the 4<sup>th</sup> time.

LY

Because the center is closed from 12/24/92-1/4/93, this deficiency will be corrected by 1/7/93.

W

LICENSING EVALUATOR SIGNATURE <u>Wendy Shipman</u>	TELEPHONE <u>'510 '4503956</u>	DATE <u>12-23-92</u>	I understand my licensing appeal rights.
NAME OF SUPERVISOR <u>Fred Gill</u>	TELEPHONE <u>'510 '4503981</u>	FACILITY REPRESENTATIVE SIGNATURE <u>Lisa Griffey</u>	
			DATE <u>12/23/92</u>

# UNANNOUNCED FOCUSED RENEWAL VISIT REPORT FOR CHILD DAY CARE CENTERS

\* If more than one regulation section below is checked "No" - STOP and immediately begin a COMPREHENSIVE visit.

FACILITY NAME <i>First Steps Learning Center</i>		FACILITY NUMBER <i>070209050</i>	
ADDRESS <i>1000 Upper Happy Valley</i>			
CAPACITY <i>40</i>	CENSUS <i>13</i>	DATE <i>7/10/92</i>	TIME VISIT BEGAN <i>1440</i>
		TIME COMPLETED <i>1620</i>	MET WITH <i>Lisa Griffee</i>
		TELEPHONE <i>283-4048</i>	

SERIOUS DEFICIENCIES/CRITICAL FACTORS PREVIOUSLY CITED	DATE CITED	CURRENTLY IN COMPLIANCE
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No *
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No *
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No *
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No *

\*REGULATION SECTIONS 101161/101171  
CAPACITY/AMBULATORY STATUS/FIRE CLEARANCE

Fire clearance on file *191* (Number of NON-AMB *0*) ☒ YES ☐ NO

Facility is within licensed capacity ☒ YES ☐ NO

\*REGULATION SECTION 101172 - WATER SUPPLY

If water is from a private source, is appropriate bacterial analysis on file? *public* ☒ YES ☐ NO

\*REGULATION SECTION 101170 - CRIMINAL RECORD CLEARANCE

Fingerprints have been submitted on persons as required by regulation ☒ YES ☐ NO

If No, the licensee is to update the LIC 500 & LIS 595 and submit to CCL with fingerprints within  days. (  initials)

\*REGULATION SECTION 101326(e) - HEALTH RELATED SERVICES

Medications are stored, locked, labeled and assistance given according to regulations ☒ YES ☐ NO

\*REGULATION SECTION 101227/101427 - FOOD SERVICE

Pesticides/toxics/cleaning compounds not stored with foods ☒ YES ☐ NO

Food areas, equipment, dishes and utensils clean and no signs of rodents, insects or other vermin ☒ YES ☐ NO

Dietary needs are met, including snacks ☒ YES ☐ NO

Food is protected against contamination ☒ YES ☐ NO

Infant formula is stored, bottled & labeled appropriately ☒ YES ☐ NO

\*REGULATION SECTIONS 101316.5/101416.5/101516.5 - STAFFING RATIO

Appropriate staffing ratios are maintained ☒ YES ☐ NO

\*REGULATION SECTIONS 101223(a)(3),(6), and (7) - PERSONAL RIGHTS

Children are not subjected to corporal or unusual punishment ☒ YES ☐ NO

Children are not locked in any room, building, or facility ☒ YES ☐ NO

No restraints are used, except approved postural supports ☒ YES ☐ NO

\*REGULATION SECTION 101224 - TELEPHONES

Working telephone on the premises ☒ YES ☐ NO

\*REGULATION SECTIONS 101238/101438.2/101438.3 - BUILDING AND GROUNDS

If there is a pool on the premises, is it inaccessible to children? ☒ YES ☐ NO

Play equipment is safe and free from hazards ☒ YES ☐ NO

Hazardous materials & firearms are inaccessible to children ☒ YES ☐ NO

Indoor & outdoor activity space for infants are physically separate from day care and school age components ☒ YES ☐ NO

\*REGULATION SECTIONS 101239(e)/101439 - FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES

Toilets/handwashing facilities are in safe and sanitary operating condition ☒ YES ☐ NO

Solid waste is stored, located and disposed of properly ☒ YES ☐ NO

Hot water is not less than 105 degrees F or more than 120 degrees F ☒ YES ☐ NO

Appropriate, safe & sanitary furniture (changing and feeding tables, cribs) and equipment for infants ☒ YES ☐ NO

Safe & sanitary toys, pacifiers and rattles for infants ☒ YES ☐ NO

SPECIFIC DEFICIENCIES	RECOMMENDATIONS/CORRECTIONS
-----------------------	-----------------------------

*Pending supervisory review this facility appears ready for renewal of infant program license. An exit interview was conducted prior to leaving.*

<input type="checkbox"/> TO COMPREHENSIVE VISIT	
LICENSING EVALUATOR SIGNATURE <i>[Signature]</i>	DATE <i>7/10/92</i>
NAME OF SUPERVISOR <i>Davis McCann</i>	I UNDERSTAND MY APPEAL RIGHTS
TELEPHONE <i>(510) 464-0605</i>	DATE <i>7/10/92</i>
TELEPHONE <i>(510) 464-4052</i>	FACILITY REPRESENTATIVE SIGNATURE <i>[Signature]</i>
	DATE <i>7/10/92</i>

TO:

R. H. Packer

SUBJECT:

Plan of investigation

DATE

10-19-70

W

E

S

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A

G

E

RETURN TO

SIGNED

ADDRESS

PHONE

R

E

P

L

Y

SIGNED

ADDRESS

DATE

10-19-70

J. I. Miller

SEND PARTS 1 AND 3 INTACT — PART 3 WILL BE RETURNED WITH REPLY

1) Charles (Spelling) from Santa Ana, California  
2) Police would use the subject's ID photo if  
3) subject -  
All differences have been reported

We are in receipt of the following:  
1) Large metal shafts and properly close  
2) Shift Mechanism - Don't know what model  
3) Known 10' x 12' box shown evidence of theft  
4) Light Browned brown leather evidence of subject



## LICENSING REPORT

INFANT

REFER TO:

See other side for explanation of form.

FACILITY NAME <b>FIRST STEPS LEARNING CENTER</b>	DIRECTOR <b>R.A. BEAMAN</b>	FACILITY NUMBER <b>070209050</b>	FACILITY TYPE <b>FDC</b>
ADDRESS	TELEPHONE ( )	CAPACITY <b>40</b>	CENSUS <b>16</b>
DATE <b>8-21-90</b>			
TYPE OF VISIT <b>Annual</b>	<input type="checkbox"/> OFFICE <input type="checkbox"/> RENEWAL <input type="checkbox"/> COMPLAINT <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> ANNOUNCED	<input checked="" type="checkbox"/> UNANNOUNCED	
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> EVALUATION <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> OTHER	TIME VISIT BEGAN <b>8:30</b>		
			TIME COMPLETED

## DEFICIENCY INFORMATION:

- ☐ No Deficiency Cited ☐ Deficiency Cleared  
☒ Deficiency Cited

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS / DEFICIENCIES

## RECOMMENDATIONS / CORRECTIONS

An unannounced site visit was conducted by LPA Jane Hutter for purpose of annual review. Contact was made with Director Roseanna Beaman. The facility was toured inside & out, & the staff & children's paperwork was reviewed. As a result of this visit, the following deficiencies were cited, & a plan of correction discussed.

Section 101217(d) Teacher S7 had no proof of enrollment in at least 12 semester units, but is presently missing courses in ~~2 areas~~ infant care

S7 will provide proof of enrollment or plan to enroll in next possible session, or transcript.

Section 101216(g) Aide S3 does not have a physician's report or TB test in file

TB test & MD report or proof of upcoming appt. will be supplied.

Section 101329(a)(1) The sign-in sheet does not presently require a full parent signature for transfer of responsibility.

Sign-in procedures will be altered so person dropping off or picking up child will provide at least first initial & full last name.

Above corrections will be made by 9/20/90. A civil penalty of \$25<sup>00</sup> a day will be assessed starting 9/21/90 if corrections are not made.

LICENSING EVALUATOR SIGNATURE <b>Jane Hutter</b>	TELEPHONE <b>(415) 4052</b>	DATE <b>8/21/90</b>	I understand my licensing appeal rights.
NAME OF SUPERVISOR <b>Juan Matia</b>	TELEPHONE <b>(415) 283-10</b>	FACILITY REPRESENTATIVE SIGNATURE <b>Roseanna Beaman</b>	DATE <b>8/21/90</b>



**FACILITY REVIEW SHEET  
DAY CARE CENTERS (INFANTS)**

FACILITY NAME <i>FIRST STEPS LEARNING CENTER</i>		FACILITY NUMBER <i>070209050</i>	DATE OF VISIT <i>8-21-90</i>	INFANTS-DCC	MET	NOT MET	NOT RE-VIEWED
1.	101151(b), 101173, 101214(a)(1), 101229(a) - Licensee is accountable.	101429		X			
2.	101179(a) Facility operates within terms & limitations specified on license.	101361		X			
3.	101156 - Facility has a valid license.	101260		X			
4.	101170 - Criminal record clearance for licensee/director/staff is required.						X
5.	101171 - Appropriate file clearance maintained.			X			
6.	101174 - Facility has current disaster mass casualty plan.						
7.	101212 - Death, injury, unusual incidents reported as req.						
8.	101215(b) - Legal responsibility clearly defined, specified administrative auth.	101415, 101312(b), 101315(c)(1)		X			
9.	101215(a)-(c) - Responsible qualified director/substitute on-site at all times.	101415(f), 101315(d)-(j), 101415(f)		X			
10.	Assistant director on staff if more than 25 infants.	101416.5		X			
11.	101215, 101216 - Director/staff meet qualifications, fulfill responsibilities.	101315, 101415, 101415.1, 101416.2(a)(b), 101416.3		X			
12.	101216(g) - Aides qualified w/health exam and T.B. clearance	101416.5(b), (c), 101416			X		
13.	101216(g)-(i), 101217 - Personnel records are complete, avail. for review.				X		
14.	Required staff-infant ratio maintained at all times, water activities.	101416.5(f)		X			
15.	Provision made for overlap of staff.	101416.5(f)		X			
16.	101216(k) - Sufficient staff to carry out clerical, housekeeping, maintenance functions.			X			
17.	101219 - Admission/appraisal proc. followed written needs & services plan & modifications.	101319, 101319.1, 101419.2, 101419.3		X			
18.	101220 - Physical exam for each infant obtained or scheduled within 30 days of admission.	101320(a)		X			
19.	101221 - Complete records on each infant maintained.	101320.1(f)(g), 101321(b)(1)-(3)		X			
20.	101223 - Personal rights ensured. Constructive methods of discipline. No corporal punishment.	101323.1(a), 101423.1		X			
21.	101425 - Transportation requirement.			X			
22.	Adequate provisions for the protection of the health of all infants.	101326, 101326.1 - 101326.3		X			
23.	Daily inspection, sign in/sign out procedures meet requirements.	101326.1(a)-(c), 101329.1			X		
24.	Isolation & care of infants who become ill; parents notified.	101326.2(a)-(b), 101339(c)(1)(2), 101426.2		X			
25.	Emergency care plans and procedures developed; emergency consent forms.	101326(b)-(d)		X			
26.	Food Service	101427		X			
27.	Infants under six months are held for feeding.	101427(h)		X			
28.	101227(a) - Dietary needs of children met at meals and snacks, written feeding plan.	101327(b)-(e), 101427		X			
29.	Adequate sized and equipped food preparation area. Not used for play, napping, passageway.	101327(g)		X			
30.	Staff understands infant development needs during toilet training & written toilet training plan.	101428(a)		X			
31.	101430 - Infant care activities written plan.			X			
32.	Regular parent conferences needs and service plan.	101419.2, 101419.3		X			
33.	Appropriate sleeping equipment is provided.	101339.1, 101439.1		X			
34.	Separate, clearly labeled storage place for each infant's clothing.	101338.4(a), 101428		X			
35.	Sufficient changes of clothing for each infant to stay dry all day.	101428(b)		X			
36.	Disposable diapers or diaper service used. Separate disposal container.	101428(c), (d)		X			
37.	Balanced daily activities w/equipment to meet infants needs.	101330(a)-(b), 101339(g), 101430, 101438.2, 101438.3(c)(e)		X			
38.	Suitable storage space for proper operation of facility.	101338.4(a)-(d)		X			
39.	All rooms cleaned daily with easily washed walls and floors.	101438.1(a)-(f)		X			
40.	If common changing tables used for diapering, cover changed or surface cleaned after each use.	101428(d)(7), 101438(a)(6), 101439(f)		X			
41.	No common washcloths and towels. Handwashing before/after every direct-contact caretaking act.	101438.1(b)		X			
42.	Training chairs emptied and properly sanitized.	101439(i)		X			
43.	Facility physical features comply with safety requirements.	101438.2, 101438.3, 101339.2(a)(2)(3)		X			
44.	Indoor/outdoor play space sufficient to meet infants needs.	101338.2, 101338.3, 101438.2, 101438.3		X			
45.	Proper washing of dishes, bottles and utensils.	101227, 101327, 101427(g), 101438.1		X			
46.	Safe drinking water available in playrooms and on playground.	101339.2(a)(3)		X			
47.	Separate staff toilet & handwashing fixture is available for use/infant toilet requirements.	101339(c)(1)(2), 101439(i)(i)		X			
48.	Signed child abuse prevention pamphlet receipts on file.	101321(d)(1)		X			

COMMENTS

LICENSING EVALUATOR SIGNATURE

LIC 8601 (1/89) (PUBLIC)

## LICENSING REPORT

REFER TO:

See other side for explanation of form.

FACILITY NAME <b>FIRST STEPS LEARNING CENTER</b>	DIRECTOR <b>KIM JOHNSON</b>	FACILITY NUMBER <b>070209050</b>	FACILITY TYPE <b>DCC</b>
ADDRESS <b>1000 UPPER HAPPY VALLEY RD, WAF</b>	TELEPHONE <b>( )</b>	CAPACITY <b>40</b>	CENSUS <b>6</b>
DATE <b>8-13-90</b>			
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> COMPLAINT <input type="checkbox"/> MANAGEMENT		<input type="checkbox"/> ANNOUNCED <input checked="" type="checkbox"/> UNANNOUNCED	
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> EVALUATION <input checked="" type="checkbox"/> FOLLOW-UP <input type="checkbox"/> OTHER		TIME VISIT BEGAN <b>7:05</b> TIME COMPLETED <b>7:30</b>	

DEFICIENCY INFORMATION:	CIVIL PENALTY INFORMATION:
<input type="checkbox"/> No Deficiency Cited <input checked="" type="checkbox"/> Deficiency Cleared	<input type="checkbox"/> Penalty Assessed <input type="checkbox"/> Penalty Notice Given
<input type="checkbox"/> Deficiency Cited	<input type="checkbox"/> Penalty Cleared <input type="checkbox"/> Not Applicable

## COMMENTS / DEFICIENCIES

## RECOMMENDATIONS / CORRECTIONS

An unannounced site visit was conducted by LPA Jane Witter for purpose of complaint following inspection. Contact was made with Director Kim Johnson. The previously cited deficiencies were cleared.

Director counted in ratio.

School age children are no longer mixed with infants, so director is appropriately counted in ratio.  
Deficiency cleared

Mixed age groups

The school age children are separated to school age classroom as soon as they arrive.  
Deficiency cleared

Records at site

Proof of infant course has been supplied & will be kept at site.  
Deficiency cleared

LICENSING EVALUATOR SIGNATURE <i>Jane Witter</i>	TELEPHONE <b>464-4052</b>	DATE <b>8/13/90</b>	I understand my licensing appeal rights.
NAME OF SUPERVISOR <i>Juan Maffa</i>	TELEPHONE <b>( )</b>	FACILITY REPRESENTATIVE SIGNATURE <i>Humberto Rodriguez</i>	DATE <b>8/13/90</b>

## DEPARTMENT OF SOCIAL SERVICES



DATE OF COMPLAINT	7/1/00
FACILITY NAME	St. Vincent's Hospital
FACILITY NUMBER	1000000000

**SUBJECT: COMPLAINT RESPONSE**

Your complaint regarding the facility referenced above has been received and the following action has been taken:

- ☐ The complaint will be investigated promptly and you will be provided with a report of the findings.
- ☐ Your complaint has been referred to the following agency, which has responsibility for appropriate action:

Sincerely,

Licensing Evaluator

## REPORT OF FINDINGS

- ☐ The complaint could not be substantiated by the licensing evaluator.
- ☐ The complaint was not determined to be a violation of any licensing statute or regulation.
- ☐ Your complaint was substantiated and corrective action has been initiated. The Licensing Report (LIC 809) with plan of correction is available for your review in this office.

AUTHORIZED SIGNATURE

DATE

## DETAIL SUPPORTIVE INFORMATION

This form is intended to document information that is relevant to the licensing file but generally not public information. This would include back-up information on deficiencies such as conditions contributing to the severity of violations, witnesses to the violations, or other observation from field notes. When used to support the Licensing Report (LIC 809) and/or the Facility Review Sheet (LIC 860), the form should be completed, signed and dated shortly after the visit. This assures accuracy and completeness of the detail of the public report.

FACILITY NAME <b>FIRST STEPS LEARNING CENTER</b>	FACILITY NUMBER <b>070209050</b>
EVALUATOR(S) NAME <i>Mittag</i>	DATE(S) OF VISIT, LIC 809, LIC 860

Per check of file, preschool playyard  
only includes the courtyard.

It is therefore appropriate that  
they are not taken to the big field.

I spoke to Roseann Beaman & discussed  
this.

SIGNATURE OF EVALUATOR(S)

DATE

1/5/90

## LICENSING REPORT

REFER TO:

COMMUNITY CARE LIC.  
5850 SHELLMOUND #315  
EMERYVILLE, CA 94608

See other side for explanation of form.

FACILITY NAME <b>FIRST STEPS LEARNING CENTER</b>		DIRECTOR		FACILITY NUMBER		FACILITY TYPE	
ADDRESS		TELEPHONE ( )		CAPACITY		CENSUS	
						DATE <b>1/4/90</b>	
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> COMPLAINT <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> ANNOUNCED <input type="checkbox"/> PRELICENSING <input type="checkbox"/> EVALUATION <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> OTHER <input type="checkbox"/> UNANNOUNCED							
DEFICIENCY INFORMATION:				CIVIL PENALTY INFORMATION:			
<input type="checkbox"/> No Deficiency Cited <input checked="" type="checkbox"/> Deficiency Cleared <input type="checkbox"/> Deficiency Cited				<input type="checkbox"/> Penalty Assessed <input type="checkbox"/> Penalty Notice Given <input type="checkbox"/> Penalty Cleared <input type="checkbox"/> Not Applicable			
COMMENTS / DEFICIENCIES				RECOMMENDATIONS / CORRECTIONS			

Regarding the previous plan of correction, director states that no schedule of playground use will be needed. The preschoolers will not be using the large playground at all. They will use only the playground area in the school courtyard which is not accessible to older children.

LPA will double check playground requirements as stated in licensing agreement. If use of only courtyard is acceptable for capacity, deficiency will be considered cleared.

LICENSING EVALUATOR SIGNATURE <i>[Signature]</i>	TELEPHONE <b>464-4052</b>	DATE <b>1/4/90</b>	I understand my licensing appeal rights.
NAME OF SUPERVISOR <i>[Signature]</i>	TELEPHONE ( )	FACILITY REPRESENTATIVE SIGNATURE <i>[Signature]</i>	DATE <b>1-4-90</b>

## LICENSING REPORT

REFER TO:

K. Hedges  
5850 Shellmound 310  
Emeryville, CA 94608

See other side for explanation of form.

FACILITY NAME <b>First Steps Learning Center</b>	DIRECTOR <b>Kim Hedges</b>	FACILITY NUMBER <b>070209050</b>	FACILITY TYPE <b>DCC</b>
ADDRESS <b>1000 Upper Happy Valley Lafayette</b>	TELEPHONE <b>(1) 283-4048</b>	CAPACITY <b>40</b>	CENSUS <b>24</b>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> RENEWAL <input type="checkbox"/> COMPLAINT <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> ANNOUNCED		DATE <b>4/27/89</b>	
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> EVALUATION <input checked="" type="checkbox"/> FOLLOW-UP <input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> UNANNOUNCED	
TIME VISIT BEGAN <b>2:00</b>		TIME COMPLETED <b>2:10</b>	

## DEFICIENCY INFORMATION:

- ☐ No Deficiency Cited ☐ Deficiency Cleared  
☐ Deficiency Cited

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS / DEFICIENCIES

## RECOMMENDATIONS / CORRECTIONS

A follow up visit made this date. Crib space has been removed to the same infant space. Staff had an inservice regarding hygiene practice. The Contra Costa Public Health department came and gave an inservice training on April 18, 1989 in which staff signed in for attendance. Ratio of children/staff is in order, 9 staff with 24 children. All deficiencies have been cleared. *Therapy*

LICENSING EVALUATOR SIGNATURE

*Kim Hedges*

TELEPHONE

**(415) 464-7052**

DATE

**4/27/89**

I understand my licensing appeal rights.

NAME OF SUPERVISOR

*John Martin*

TELEPHONE

**( )**

FACILITY REPRESENTATIVE SIGNATURE

*Rebecca Deenan*

DATE

**4.27.89**

## LICENSING REPORT

REFER TO:

Community Care Licensing  
5850 Shellmound, Suite 315  
Emeryville, California 94608

See other side for explanation of form.

FACILITY NAME <b>First Steps Learning Ctr</b>	DIRECTOR <b>Kim Holzkis</b>	FACILITY NUMBER	FACILITY TYPE <b>DEC</b>
ADDRESS <b>1000 Upper Haggis Valley, Lafayette</b>	TELEPHONE <b>283-4048</b>	CAPACITY <b>40</b>	CENSUS <b>31</b>
DATE <b>4/5/89</b>			
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> RENEWAL <input type="checkbox"/> COMPLAINT <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> ANNOUNCED		TIME VISIT BEGAN <b>1:30</b>	
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> EVALUATION <input checked="" type="checkbox"/> FOLLOW-UP <input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> UNANNOUNCED	
TIME COMPLETED			

## DEFICIENCY INFORMATION:

- ☐ No Deficiency Cited ☐ Deficiency Cleared  
☐ Deficiency Cited

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS / DEFICIENCIES

## RECOMMENDATIONS / CORRECTIONS

A visit was made for the purpose of a case management visit in regards to my visit on 3/28/89. Photos were taken in regards to the infant changing table and locations of sinks. Additionally, I have advised the facility of regulations as required in California Code of Regulations section 101216.2; 101438.1 which relate to infant care general sanitation.

Center Owner/Director stated washcloths are laundered daily, toys disinfected daily. Issues of sink use and changing table are currently being reviewed by licensing supervisor and will be discussed at a later date with the licensee.

~~Children are~~

One child has been sleeping in a crib outside the "Crib Room". This child is on a ~~monitor~~. Citation as follows:

101438.3(e) - Infant's sleeping area shall be physically separated from the room actually space and shall be accomplished by a separate room or movable walls or partitions as stated in 101438.2 of California Code of Regulations.

Licensee shall ensure all children are napped in a room physically separated from the actual activity space. Deficiency to be corrected by April 26, 1989, or a civil penalty of \$25.00 per day.

Licensee is requested to consult with the Contra Costa Health Dept. and review material with staff.

Deficiencies to be cleared by April 26, 1989 or a civil penalty of \$25.00 per day will be assessed starting April 27, 1989 continuing daily until cleared.

LICENSING EVALUATOR SIGNATURE <b>Kim Holzkis</b>	TELEPHONE <b>468-4048</b>	DATE <b>4/5/89</b>	I understand my licensing appeal rights.
NAME OF SUPERVISOR <b>Don Martin</b>	TELEPHONE	FACILITY REPRESENTATIVE SIGNATURE <b>Don Martin</b>	DATE <b>4-5-89</b>

## OFFICE MEMO

STD. 100 (REV. 12/85)

86 38867

DATE

TO:

Juan / Karen

ROOM NUMBER

FROM:

Melina

PHONE NUMBER

SUBJECT:

First Steps

1. Did they get the food preparation area separated from changing area? *yes*

2. BOG says two tables are not near sink. Did they move one? *One not used now. One moved by BOG.*

3. Do tables otherwise meet req? Padding & raised sides? *yes*

4. Intent of req. is that caregiver be able to wash child without letting go - how is intent to be able to clean child safely being met?

Put your thoughts to work. Submit a **MERIT AWARD SUGGESTION.**

We can just discuss when Karen is in someone



**DETAIL SUPPORTIVE INFORMATION**

This form is intended to document information that is relevant to the licensing file but generally not public information. This would include back-up information on deficiencies such as conditions contributing to the severity of violations, witnesses to the violations, or other observation from field notes. When used to support the Licensing Report (LIC 809) and/or the Facility Review Sheet (LIC 860), the form should be completed, signed and dated shortly after the visit. This assures accuracy and completeness of the detail of the public report.

FACILITY NAME

First Steps Learning Center - Infants

FACILITY NUMBER

EVALUATOR(S) NAME

DATE(S) OF VISIT, LIC 809, LIC 860

Karen: Are you saying that the first changing table will not be used because it's difficult to lift children over the gate? Let's get together and redraft the 158 sub and waivers. Also what about 101439 (th) 1 & 2? memo I don't see padding or raised sides.

J. Matthe

SIGNATURE OF EVALUATOR(S)

DATE

March 29, 1989

My signature below is  
verification that the following  
people from First Steps Learning  
Center are currently enrolled  
in the Spring 1989 N.A.C.  
Infant-Toddler class at A.O.C.S

Charlotte Foley  
Alisa Fry  
Roseann Beeman  
Lisa Griffey

Signed	<u>Maria Louisa, MEd</u>	Date
	NAC Coordinator	3/29/89

## LICENSING REPORT

REFER TO:

Community Care Licensing  
5850 Shellmound, Suite 315  
Emeryville, California 94608

See other side for explanation of form.

FACILITY NAME <b>First Steps Learning Ctr</b>	DIRECTOR <b>Kim Holykiss</b>	FACILITY NUMBER <b>070209050</b>	FACILITY TYPE <b>CC</b>
ADDRESS <b>1000 Upper Hesperia Valley Rd.</b>	TELEPHONE <b>283-4048</b>	CAPACITY <b>40</b>	CENSUS <b>21</b>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> COMPLAINT <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> ANNOUNCED		DATE <b>3/28/89</b>	
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> EVALUATION <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> UNANNOUNCED	
TIME VISIT BEGAN <b>7:30</b>		TIME COMPLETED <b>9:30</b>	

## DEFICIENCY INFORMATION:

- ☐ No Deficiency Cited ☐ Deficiency Cleared  
☐ Deficiency Cited

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS / DEFICIENCIES

## RECOMMENDATIONS / CORRECTIONS

A visit to the facility for the purpose of investigating a complaint took place this date. Allegations are concerning staff/teacher ratio and Caring's Findings.

**Ratio:** Upon my visit the center was in compliance however, after viewing the program approx. 10 more children arrived. Upon leaving the room there were 21 children and 3 staff thus substantiated. Additionally, there is a barrier in the large room which prohibits visual viewing of each side of room. There were 9 children on one side with 2 staff members.

**Allegation of staff not washing hands after changing children** could not be viewed at this time. Findings inconclusive. Children are washed with same wash cloth found to be inconclusive. It appears that children each have their own wash cloth with their names. I did not see children being washed with the same cloth however only 2-4 cloths (for 13 children) were used. Director states some children also dry their faces thus eliminating the need for washing faces.

Related to the complaint of out break of Giardia is the fact that the changing tables are not located near sinks and both sinks are used for both food preparation and hand washing. Citations as follows:

101439 - Infant changing table shall be within arms length of sink; with 3 inch side and shall not be located in the food preparation area.

Two of the tables are not located near a sink. The sinks are used for both food preparation and <sup>washing</sup> changing.

Licenses shall separate use of sinks for food preparation and use for washing after changing. The changing table used must be within arms reach of the sink used for washing.

101316.5 - Teacher/Staff Ratio. There must be 1:4 ratio of teacher/aid to child. There were 21 children; 3 aids. Also we have had 9 children with 2 staff.

Licenses is expected to be in compliance with the staff/child ratio at all times of the day.

LICENSING EVALUATOR SIGNATURE

NAME OF SUPERVISOR

TELEPHONE

TELEPHONE

DATE

FACILITY REPRESENTATIVE SIGNATURE

DATE

I understand my licensing appeal rights.

## LICENSING REPORT

REFER TO:

Community Care Licensing  
5850 Shellmound, Suite 315  
Emeryville California 94608

See other side for explanation of form.

FACILITY NAME <b>First Steps Learning Ctr</b>	DIRECTOR <b>Kim Haggis</b>	FACILITY NUMBER <b>070 29050</b>	FACILITY TYPE <b>DLC</b>
ADDRESS <b>100 Upper Happy Valley Rd.</b>	TELEPHONE <b>( ) 2834048</b>	CAPACITY <b>40</b>	CENSUS <b>21</b>
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> COMPLAINT <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> ANNOUNCED <input checked="" type="checkbox"/> UNANNOUNCED		DATE <b>3/28/89</b>	
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> EVALUATION <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> OTHER		TIME VISIT BEGAN <b>7:30</b> TIME COMPLETED <b>9:30</b>	

## DEFICIENCY INFORMATION:

- ☐ No Deficiency Cited ☐ Deficiency Cleared  
☐ Deficiency Cited

## CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given  
☐ Penalty Cleared ☐ Not Applicable

## COMMENTS / DEFICIENCIES

## RECOMMENDATIONS / CORRECTIONS

Deficiencies are to be corrected by April 7, 1989 on a civil penalty of \$25.00 per day will be assessed. If deficiencies are <sup>not</sup> cleared by April 7th, penalties will be assessed starting April 8th, 1989 continuing daily until cleared.

In regards to the Giardina outbreak, staff have been informed, in writing of need to adhere to the hand washing policy (see attached). Additionally, all staff parents were informed (see attached).

Upon Re-count of the children at 9:30 AM, There were 30 children with 10 staff, ratios were in compliance at this time. This deficiency 101439 has been cleared.

Regarding the staff/child ratio, another teacher was arriving at the time that there were 21 children with 5 staff members therefore we were in compliance immediately after she left. Moreover when we recounted at the end of the visit there were 30 children with 10 staff and the deficiency 101439 was cleared as stated above.

The facility is requesting a waiver for the use of changing table in Middle Group room. This changing table is not within arms length of a sink however sink is easily accessible within 10 feet.

I also provided the evaluator with notices that I sent out to staff & parents regarding the handwashing situation.

LICENSING EVALUATOR SIGNATURE <b>Kim Haggis</b>	TELEPHONE <b>(415) 464-4052</b>	DATE <b>3/28/89</b>	I understand my licensing appeal rights.
NAME OF SUPERVISOR <b>Jan Smith</b>	TELEPHONE <b>( )</b>	FACILITY REPRESENTATIVE SIGNATURE <b>Lisa J. Jaffee</b>	DATE <b>3/28/89</b>

## LICENSING REPORT

DISTRIBUTION:  
Original: Licensing Agency  
Duplicate: Facility  
Triplicate: Review

REFER TO:

K. Mahy  
5850 Shillington #315  
Emeryville 94608

See other side for explanation of form.

FACILITY NAME <i>First Steps Ling Co.</i>	DIRECTOR <i>Roseann Beeman</i>	FACILITY NUMBER <i>pending</i>	FACILITY TYPE <i>CCC</i>
ADDRESS <i>1000 Upper Happy Valley, Lafayette</i>	TELEPHONE <i>283-4048</i>	CAPACITY <i>150</i>	CENSUS <i>112</i>
DATE <i>10/26/88</i>	TIME VISIT BEGAN <i>9</i>		TIME COMPLETED <i>4</i>
TYPE OF VISIT <input checked="" type="checkbox"/> PRELICENSING <input type="checkbox"/> EVALUATION <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> RENEWAL <input type="checkbox"/> COMPLAINT <input type="checkbox"/> CASELOAD MANAGEMENT		<input checked="" type="checkbox"/> ANNOUNCED <input type="checkbox"/> UNANNOUNCED	

- A. SITE VISIT - SEE LIC 860 *10/26/88* (DATE)  
☐ Referenced Letter below corresponds to number of deficiency "Not Met" on LIC 860.  
☐ Deficiencies cited below observed but not listed on LIC 860.  
☐ Deficiencies cleared.
- B. SITE VISIT (No LIC 860)  
☐ DEFICIENCIES CITED  
☒ NO DEFICIENCIES CITED  
☐ DEFICIENCIES CLEARED
- C. CIVIL PENALTY  
☐ PENALTY NOTICE  
☐ PENALTY ASSESSMENT (PA)  
☐ DEFICIENCIES/PA CLEARED
- D. OFFICE VISIT  
☐ INFORMAL CONFERENCE  
☐ VISIT BY FACILITY REPRESENTATIVE  
☐ OTHER VISIT

## COMMENTS/DEFICIENCIES

## RECOMMENDATIONS/CORRECTIONS

A scheduled pre-licensing visit was completed with the licensee administrator, Roseann Beeman. Also present for the review was the associate director, Lisa Giffy. This facility is located on the grounds of the Lafayette School leased from the Lafayette School District by the licensee. The licensee has control of the entire piece of property consisting of the school & several acres of land.

A review of records for each component - pre school, infant and school age programs was completed. Staff qualifications were reviewed & children's records for each component were sampled. A physical plant review for the entire site was also completed. Not all of the school is currently utilized; eg. the library & several classrooms. These can be used for future growth & for parent/staff/alternative activity space. No physical plant deficiencies or records deficiencies are noted at this time.

The site is ready for licensure subject to waiver approvals, completion of the fire clearance for 150 licensing file, completion of final supervisory review. Licensure is recommended as a combination center for 80 pre-school children, 40 infants and 27 school age children.

Please review & sign below.

LICENSING EVALUATOR SIGNATURE <i>K. Mahy</i>	TELEPHONE <i>484-4052</i>	DATE <i>10/26/88</i>	I understand my licensing appeal rights.
NAME OF SUPERVISOR <i>Man Motta</i>	TELEPHONE <i></i>	FACILITY REPRESENTATIVE SIGNATURE <i>Roseann Beeman</i>	DATE <i>10.26.88</i>

REFER TO:

FACILITY REVIEW SHEET  
DAY CARE CENTERS (INFANTS)

See other side for further explanations.

DISTRIBUTION:  
Original: Licensing Agency  
Duplicate: Facility  
Triplicate: ReviewR. Mahy  
5850 Hillwood #315  
Emeryville 94608

I. FACILITY NAME <u>First Steps Learning Center</u>		FACILITY NUMBER: <u>pending</u>		IS A LICENSING REPORT (LIC 809) COMPLETED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DATE: <u>10/26/88</u>	
II. ADDRESS (NUMBER, STREET) <u>1000 Upper Happy Valley, Lafayette</u>		CITY: <u>Lafayette</u>	STATE: <u>CA</u>	ZIP CODE: <u>94549</u>	TIME VISIT BEGAN: <u>9:45</u>
TYPE OF VISIT: <input type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> OTHER (SPECIFY) _____		STAFF SEEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	CLIENT SEEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	STAFF INTERVIEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CLIENT INTERVIEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO
		CAPACITY: <u>40</u>	CENSUS: <u>36</u>		

## III. GENERAL

	INFANTS-DOC <i>in discussion</i>	MET	NOT MET	NOT RE-VIEWED
1. 101151(b), 101173, 101214(a)(1), 101229(a) - Licensee is accountable.		✓		
2. 101179(a) - Facility operates within terms & limitations specified on license.		✓		
3. 101156 - Facility has a valid license.	101260	✓		
4. 101170 - Criminal record clearance for licensee/director/staff is required.				✓
5. 101171 - Appropriate file clearance maintained.		✓		
6. 101174 - Facility has current disaster, mass casualty plan.		✓		
7. 101212 - Death, injury, unusual incidents reported as req.		✓		
8. 101215(b) - Legal responsibility clearly defined, specified administrative auth.	101312(b), 101315(c)(1)	✓		
9. 101215(a)(c) - Responsible qualified director/substitute on-site at all times.	101315(d)-(j)	✓		
10. Assistant director on staff if more than 25 infants.	101416.3(a)	✓		
11. 101215, 101216 - Director/staff meet qualifications, fulfill responsibilities.	101416.2(a)(b), 101315	✓		
12. 101216(g) - Nursery aides qualified w/health exam and T. B. clearance.	101416.2(b)(1)-(4)	✓		
13. 101216(g)(i), 101217 - Personnel records are complete, avail. for review.		✓		
14. Required child/staff ratio maintained at all times (1:4).	101416.3(a)	✓		
15. Provision made for overlap of staff.	101416.3(a)(3)	✓		
16. 101216(k) - Sufficient staff to carry out clerical, housekeeping, maintenance functions.	101416.3(a)(4)	✓		
17. 101219 - Admission/appraisal procedures followed.	101419, 101319(a)-(c), 101319.1(a)(1)-(4)	✓		
18. 101220 - Physical exam for each child obtained or scheduled within 30 days of admission.	101320(a)	✓		
19. 101221 - Complete records on each child maintained.	101320.1(f)(g), 101321(b)(1)-(3)	✓		
20. 101223 - Personal rights ensured. Constructive methods of discipline. No corporal punishment.	101323.1(a)	✓		
21. Adequate provisions for the protection of the health of all children.	101426, 101326, 101326.1-101326.3	✓		
22. Continuing medical consultation provided by licensed physician.	101426(a)(1)-(8)	✓		
23. Daily inspection, sign in/sign out procedures meet requirements.	101326.1(a)-(c), 101329.1	✓		
24. Isolation & care of children who become ill; parents notified.	101326.2(a)-(b), 101339(c)(1)(2)	✓		
25. Emergency care plans and procedures developed; emergency consent forms.	101426(a)(5), 101326(b)-(d)	✓		
26. Feeding planned by nutritionist, pediatrician or public health nurse.	101427(a)	✓		
27. Infants under six months are held for feeding.	101427(b)	✓		
28. 101227(a) - Dietary needs of children met at meals and snacks.	101427(c), 101327(b)-(e)	✓		
29. Adequate sized and equipped kitchen. Not used for play, napping, passageway.	101327(g)	✓		
30. Staff understands child development needs during toilet training.	101428(a)	✓		
31. Regular parent conferences, referral for social services if needed.	101428(b)(c)	✓		
32. Appropriate sleeping equipment is provided.	101428(e)(1)(2), 101330(b)(1)	✓		
33. Separate, clearly labeled storage place for each child's clothing.	101428(d)(1), 101338.4(a)	✓		
34. Sufficient changes of clothing for each child to stay dry all day.	101428(d)	✓		
35. Disposable diapers or diaper service used. Separate disposal container.	101428(d)(2)	✓		
36. Balanced daily activities w/equipment to meet children's needs.	101438.3(c)(e), 101330(a)-(b), 101339(g)	✓		
37. Suitable storage space for proper operation of facility.	101428(d)(1), 101338.4(a)-(d)	✓		
38. All rooms cleaned daily with easily washed walls and floors.	101438.1(a)(4)(5)	✓		
39. If common changing table used for diapering, cover changed or surface cleaned after each use.	101438.1(a)(6)	✓		
40. No common washcloths and towels. Handwashing before/after every direct-contact caretaking act.	101438.1(a)(1)(3)	✓		
41. Training chairs emptied and properly sanitized.	101438.1(a)(7)	✓		
42. Facility physical features comply with safety requirements.	101438.2(a), 101438.3(a)-(b), 101339.2(a)(2)(3)	✓		
43. Indoor/outdoor play space sufficient to meet infants needs.	101438.2, 101338.2, 101338.3	✓		
44. Proper washing of dishes, bottles and utensils.	101438.1(a)(2)	✓		
45. Safe drinking water available in playrooms and on playground.	101339.2(a)(3)	✓		
46. Separate staff toilet & handwashing fixture is available for use.	101339(c)(1)(2)	✓		
47. Signed child abuse prevention pamphlet receipts on file.	101321(d)(1)	✓		

IV. NAME OF SUPERVISOR <u>John Matthe</u>	TELEPHONE ( ) <u>464-4052</u>	DATE <u>10/26/88</u>	I understand my licensing appeal rights.	
LICENSING EVALUATOR SIGNATURE <u>Richard Mahy</u>	TELEPHONE ( )	FACILITY REPRESENTATIVE SIGNATURE AND TITLE IF NOT LICENSEE <u>Richard Mahy</u>	DATE <u>10/26/88</u>	



INFANT

## LICENSING REPORT

DISTRIBUTION:  
Original: Licensing Agency  
Duplicate: Facility  
Triplicate: Review

REFER TO:

K. Hodgkins  
5850 Shellmound 315  
Emeryville CA 94608

See other side for explanation of form.

FACILITY NAME <b>First Steps Learning Center</b>		DIRECTOR <b>Kim Hodgkins</b>	FACILITY NUMBER <b>070209050</b>		FACILITY TYPE <b>DCC</b>
ADDRESS <b>1000 Upper Valley Rd Lafayette CA</b>		TELEPHONE <b>285-4048</b>	CAPACITY <b>32</b>	CENSUS <b>22</b>	DATE <b>8/26/88</b>
TYPE OF VISIT	<input type="checkbox"/> PRELICENSING <input type="checkbox"/> RENEWAL	<input type="checkbox"/> EVALUATION <input type="checkbox"/> COMPLAINT	<input checked="" type="checkbox"/> FOLLOW-UP <input type="checkbox"/> CASELOAD MANAGEMENT	<input type="checkbox"/> ANNOUNCED <input checked="" type="checkbox"/> UNANNOUNCED	TIME VISIT BEGAN TIME COMPLETED

A. SITE VISIT - SEE LIC 860 of <b>8/26/88</b> <input type="checkbox"/> Referenced Letter below corresponds to number of deficiency "Not Met" on LIC 860. <input type="checkbox"/> Deficiencies cited below observed but not listed on LIC 860. <input checked="" type="checkbox"/> Deficiencies cleared.	B. SITE VISIT (No LIC 860) <input type="checkbox"/> DEFICIENCIES CITED <input type="checkbox"/> NO DEFICIENCIES CITED <input type="checkbox"/> DEFICIENCIES CLEARED	C. CIVIL PENALTY <input type="checkbox"/> PENALTY NOTICE <input type="checkbox"/> PENALTY ASSESSMENT (PA) <input type="checkbox"/> DEFICIENCIES/PA CLEARED	D. OFFICE VISIT <input type="checkbox"/> INFORMAL CONFERENCE <input type="checkbox"/> VISIT BY FACILITY REPRESENTATIVE <input type="checkbox"/> OTHER VISIT
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COMMENTS/DEFICIENCIES	RECOMMENDATIONS/CORRECTIONS
<p>A plan of correction visit made this date to review deficiencies stated on 7/22/88. Children records complete. Carpets cleaned on July 28, 1988 - receipt seen. Out door play space (curtains) repaired. Water available for children.</p> <p>Teachers S<sub>1</sub> &amp; S<sub>2</sub> are currently enrolled in Infant class. Director will request waiver to allow teachers not enrolled in Infant class to work as Fully Qualified Teachers and a waiver for Director M. Hodgkins to act as Director while she completes her Infant class. Waiver will be set by Sept 9, 1988.</p> <p>All other deficiencies cleared.</p>	

LICENSING EVALUATOR SIGNATURE <b>Sharon MATA</b>	TELEPHONE <b>164-4052</b>	DATE <b>8/26/88</b>	I understand my licensing appeal rights.
NAME OF SUPERVISOR <b>Sharon MATA</b>	TELEPHONE <b>"</b>	FACILITY REPRESENTATIVE SIGNATURE <b>Carolann Brennan</b>	DATE <b>8-26-88</b>

INFANT

**FACILITY REVIEW SHEET  
DAY CARE CENTERS (INFANTS)**

See other side for further explanations.

**DISTRIBUTION:**  
Original: Licensing Agency  
Duplicate: Facility  
Triplicate: Review

REFER TO:

5850 Shellman  
Emeryville CA 94608  
DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING

I. FACILITY NAME <b>First Steps Learning Ctr</b>		FACILITY NUMBER: <b>070209050</b>		IS A LICENSING REPORT (LIC 809) COMPLETED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DATE: <b>7/22/88</b>	
II. ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) <b>1000 Upper Valley Rd. Lafayette CA</b>		TIME VISIT BEGAN: <b>930</b>		TIME COMPLETED:	
TYPE OF VISIT: <input type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> OTHER (SPECIFY <b>Compl./Eval.</b> )		STAFF SEEN? <input type="checkbox"/> YES <input type="checkbox"/> NO STAFF INTERVIEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO		CLIENT SEEN? <input type="checkbox"/> YES <input type="checkbox"/> NO CLIENT INTERVIEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		CAPACITY: <b>32</b>		CENSUS: <b>26</b>	

III. GENERAL		INFANTS-DCC	MET	NOT MET	NOT RE-VIEWED
1.	101151(b), 101173, 101214(a)(1), 101229(a) - Licensee is accountable.	101429	✓		
2.	101179(a) - Facility operates within terms & limitations specified on license.	101361		✓	
3.	101156 - Facility has a valid license.	101260	✓		
4.	101170 - Criminal record clearance for licensee/director/staff is required.		✓		✓
5.	101171 - Appropriate file clearance maintained.		✓		
6.	101174 - Facility has current disaster, mass casualty plan.		✓		
7.	101212 - Death, injury, unusual incidents reported as req.		✓		
8.	101215(b) - Legal responsibility clearly defined, specified administrative auth.	101312(b), 101315(c)(1)	✓		
9.	101215(a)-(c) - Responsible qualified director/substitute on-site at all times.	101315(d)-(j), 101415(f)	✓		
10.	Assistant director on staff if more than 25 infants.	101416.5(b)	✓		
11.	101215, 101216 - Director/staff meet qualifications, fulfill responsibilities.	101315, 101415, 101415.1, 101416.2(a)		✓	
12.	101216(g) - Infant aides qualified w/health exam and T. B. clearance.	101416.3		✓	
13.	101216(g)-(i), 101217 - Personnel records are complete, avail. for review.			✓	
14.	Required staff-infant ratio maintained at all times, water activities.	101416.5(c), (e), 101416.8	✓		
15.	Provision made for overlap of staff.	101416.5(f)	✓		
16.	101216(k) - Sufficient staff to carry out clerical, housekeeping, maintenance functions.		✓		
17.	101219 - Admission/appraisal proc. followed written needs & service plan & modifications.	101319, 101319.1, 101419.2, 101419.3	✓		
18.	101220 - Physical exam for each infant obtained or scheduled within 30 days of admission.	101320(a)		✓	
19.	101221 - Complete records on each infant maintained.	101320.1(f)(g), 101321(b)(1)-(3)	✓		
20.	101223 - Personal rights ensured. Constructive methods of discipline. No corporal punishment.	101323.1(a), 101423.1	✓		
21.	101425 - Transportation requirement.				✓
22.	Adequate provisions for the protection of the health of all infants.	101326, 101326.1-101326.3, 101426	✓		
23.	Daily inspection, sign in/sign out procedures meet requirements.	101326.1(a)-(c), 101329.1	✓		
24.	Isolation & care of infants who become ill; parents notified.	101326.2(a)-(b), 101339(c)(1)(2), 101426.2			
25.	Emergency care plans and procedures developed; emergency consent forms.	101326(b)-(d)	✓		
26.	Feeding planned by director and parent.	101427			✓
27.	Infants under six months are held for feeding.	101427(h)	✓		
28.	101227(a) - Dietary needs of children met at meals and snacks, written feeding plan.	101327(b)-(e), 101427			✓
29.	Adequate sized and equipped food preparation area. Not used for play, napping, passageway.	101327(g)			✓
30.	Staff understands infant development needs during toilet training & written toilet training plan.	101428(a)			✓
31.	101430 - Infant care activities written plan.				✓
32.	Regular parent conferences, needs and service plan.	101419.2(b)(4), 101419.3			✓
33.	Appropriate sleeping equipment is provided.	101330(b)(1), 101439, 101439.1			✓
34.	Separate, clearly labeled storage place for each infant's clothing.	101338.4(a)			✓
35.	Sufficient changes of clothing for each child to stay dry all day.	101428(d)			✓
36.	Disposable diapers or diaper service used. Separate disposal container.	101428(d)(2)			✓
37.	Balanced daily activities w/equipment to meet infants needs.	101330(a)-(b), 101339(g), 101430, 101438.2, 101438.3(c)(e)			✓
38.	Suitable storage space for proper operation of facility.	101338.4(a)-(d)			✓
39.	All rooms cleaned daily with easily washed walls and floors.	101438.1(a)-(f), 101439(f)	✓	✓	
40.	If common changing table used for diapering, cover changed or surface cleaned after each use.	101428(d)(7), 101438.1(a)(6), 101439(f)	✓		
41.	No common washcloths and towels. Handwashing before/after every direct-contact caretaking act.	101438.1(b)			✓
42.	Training chairs emptied and properly sanitized.	101428(e)(2), 101439(i)			✓
43.	Facility physical features comply with safety requirements.	101438.2, 101438.3, 101339.2(a)(2)(3)	✓	✓	
44.	Indoor/outdoor play space sufficient to meet infants needs.	101338.2, 101338.3, 101438.2, 101438.3	✓	✓	
45.	Proper washing of dishes, bottles and utensils.	101227, 101327, 101427(g)			✓
46.	Safe drinking water available in playrooms and on playground.	101339.2(a)(3)		✓	
47.	Separate staff toilet & handwashing fixture is available for use/infant toilet requirements.	101339(c)(1)(2), 101439(i)(i)	✓		
48.	Signed child abuse prevention pamphlet receipts on file.	101321(d)(1)		✓	

IV. NAME OF SUPERVISOR <b>John Meyer</b>	TELEPHONE <b>464-4852</b>	DATE <b>7/22/88</b>	I understand my licensing appeal rights.	
LICENSING EVALUATOR SIGNATURE <b>Barbara H. Smith</b>	TELEPHONE ( )	FACILITY REPRESENTATIVE SIGNATURE (AND TITLE IF NOT LICENSEE) <b>Roxana Aleman</b>	DATE	



## LICENSING REPORT

DISTRIBUTION:  
Original: Licensing Agency  
Duplicate: Facility  
Triplicate: Review

REFER TO: 5850 Shellman ST  
Emeryville CA 94608

See other side for explanation of form.

FACILITY NAME <b>First Steps Learning Center</b>	DIRECTOR <b>Kim Hopkins</b>	FACILITY NUMBER <b>070209050</b>	FACILITY TYPE <b>DEC</b>
ADDRESS <b>1000 Upper Valley Rd. Lafayette</b>	TELEPHONE <b>285-4048</b>	CAPACITY <b>32</b>	CENSUS <b>26</b>
DATE <b>7/22/88</b>	TIME VISIT BEGAN <b>9:30</b>	TIME VISIT COMPLETED	
TYPE OF VISIT <input type="checkbox"/> PRELICENSING <input type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> EVALUATION <input checked="" type="checkbox"/> COMPLAINT		<input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> CASELOAD MANAGEMENT <input type="checkbox"/> ANNOUNCED <input checked="" type="checkbox"/> UNANNOUNCED	

A. SITE VISIT - SEE LIC 860 of <b>7/22/88</b> <input type="checkbox"/> Referenced Letter below corresponds to number of deficiency "Not Met" on LIC 860. <input type="checkbox"/> Deficiencies cited below observed but not listed on LIC 860. <input type="checkbox"/> Deficiencies cleared.	B. SITE VISIT (No LIC 860) <input checked="" type="checkbox"/> DEFICIENCIES CITED <input type="checkbox"/> NO DEFICIENCIES CITED <input type="checkbox"/> DEFICIENCIES CLEARED	C. CIVIL PENALTY <input type="checkbox"/> PENALTY NOTICE <input type="checkbox"/> PENALTY ASSESSMENT (PA) <input type="checkbox"/> DEFICIENCIES/PA CLEARED	D. OFFICE VISIT <input type="checkbox"/> INFORMAL CONFERENCE <input type="checkbox"/> VISIT BY FACILITY REPRESENTATIVE <input type="checkbox"/> OTHER VISIT
--	---	---	--

## COMMENTS/DEFICIENCIES

## RECOMMENDATIONS/CORRECTIONS

A visit was made to the facility for the purpose of Complaint visit and an Evaluation visit was completed including the staff and children files. Please see (File 070209023) regarding the complaint. The following deficiencies were cited:

1) 101179(a) Facility currently using rooms not approved by the Licensing agency.

1) Licensee has applied for an increase in capacity to include room addition. It is against the law to utilize room not cleared by licensing. Room must be cleared prior to use.

2) 101415 - Director Qualifications: The director of an Infant Center will have 12 units in ECE, 3 units in Infant care and 3 units in Supervising Early Childhood Education.

Director needs to verify Administration and Infant care courses.

1) will provide verification of course completion and/or request waiver to work as Director while obtaining course work. Full Transcripts are requested by August 22/1988.

1) 101416.2 Teachers need to have Infant class of 3 units as well as Early Childhood Education class of 12 units, including course work in Child Development, Child/Family/Community and Curriculum of Early Childhood.

Sy needs Infant class

S12 needs Transcripts to verify graduation.

1) will provide verification of course work by transcript. Licensee shall request waiver for Sy to work as teacher while obtaining course work needed by August 22/1988.

101216 (g) Infant aids quality with health examination. T.B. clearance. Needed for S3 and S7. S11 is missing T.B. clearance.

12) Verification of Health Exam and T.B. clearance required by August 22/1988.

LICENSING EVALUATOR SIGNATURE <b>John Hopkins</b>	TELEPHONE <b>464-4052</b>	DATE <b>7/22/88</b>	I understand my licensing appeal rights.
NAME OF SUPERVISOR <b>Sue Mott</b>	TELEPHONE <b>( )</b>	FACILITY REPRESENTATIVE SIGNATURE <b>Raeleen Beeman</b>	DATE <b>7-22-88</b>

\* Applied for capacity increase and clearance in Jan 1988 - unable to find our evaluator after

## LICENSING REPORT

**DISTRIBUTION:**  
Original: Licensing Agency  
Duplicate: Facility  
Triplicate: Review

REFER TO:

See other side for explanation of form.

FACILITY NAME <b>First Steps Learning</b>		DIRECTOR		FACILITY NUMBER <b>070209050</b>		FACILITY TYPE <b>DCC</b>	
ADDRESS		TELEPHONE ( )		CAPACITY		CENSUS	
TYPE OF VISIT		<input type="checkbox"/> PRELICENSING <input type="checkbox"/> RENEWAL		<input type="checkbox"/> EVALUATION <input type="checkbox"/> COMPLAINT		<input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> CASELOAD MANAGEMENT	
		<input type="checkbox"/> ANNOUNCED <input type="checkbox"/> UNANNOUNCED		TIME VISIT BEGAN		TIME COMPLETED	

- A. SITE VISIT - SEE LIC 860** of (DATE) **B. SITE VISIT (No LIC 860)** **C. CIVIL PENALTY** **D. OFFICE VISIT**
- ☐ Referenced Letter below corresponds to number of deficiency "Not Met" on LIC 860. ☐ DEFICIENCIES CITED ☐ PENALTY NOTICE ☐ INFORMAL CONFERENCE
- ☐ Deficiencies cited below observed but not listed on LIC 860. ☐ NO DEFICIENCIES CITED ☐ PENALTY ASSESSMENT (PA) ☐ VISIT BY FACILITY REPRESENTATIVE
- ☐ Deficiencies cleared. ☐ DEFICIENCIES CLEARED ☐ DEFICIENCIES/PA CLEARED ☐ OTHER VISIT

## COMMENTS/DEFICIENCIES

## RECOMMENDATIONS/CORRECTIONS

- ~~101216 Personnel records -~~  
 101220 Children records - Children records  
 101321, 101221. in complete -  
 C1 - needs TB C6 - TB  
 C2 - needs TB C8 - TB  
 C3 - " physical report and immunization  
 C4 - TB C9 TB, C10 - TB-  
 C9 - TB and Health History.  
 Children C1; C2; C6; C9; C10 are  
 too young for TB.  
 \* records requested for C3; C4; C7; C9.  
 39. 101438 (2) Rugs in infant room  
 look dirty. Licensee shall have rugs  
 professionally cleaned by  
 Aug 22, 1988.  
 43. 101438 Outdoor play space has  
 missing sections in Black cushioning material  
 missing sections are hazardous to children -  
 Licensee shall repair Black  
 cushioning material to make it  
 safe for children -  
 46. 101339.2 Children shall have Free access  
 to drinkable water, as they wish.  
 Cups not readily available - water needs to  
 be made available via containers.  
 Cups and water must be provided  
 to children to drink as they  
 wish. TO BE made accessible  
 at all time starting this date  
 (7/22/88).

LICENSING EVALUATOR SIGNATURE <i>[Signature]</i>	TELEPHONE 464-4052	DATE 7/22/88	I understand my licensing appeal rights.	
NAME OF SUPERVISOR <i>[Signature]</i>	TELEPHONE ( )	FACILITY REPRESENTATIVE SIGNATURE <i>[Signature]</i>	DATE 7.22.88	

## LICENSING REPORT

DISTRIBUTION:  
Original: Licensing Agency  
Duplicate: Facility  
Triplicate: Review

REFER TO

5850 Chellmound #315  
Emeryville, CA 94608

See other side for explanation of form.

FACILITY NAME <u>First Step Discovery Center</u>		FACILITY NUMBER <u>87010 9050</u>	FACILITY TYPE <u>Infant Care Ctr</u>
ADDRESS <u>1000 Upper Hazy Valley Rd. Lafayette 94549</u>		CAPACITY <u>32</u>	CENSUS <u>20</u>
DATE <u>9/30/87</u>		TIME VISIT BEGAN <u>3:50 PM</u>	
TYPE OF VISIT <input type="checkbox"/> PRELICENSING <input type="checkbox"/> EVALUATION <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> RENEWAL <input checked="" type="checkbox"/> COMPLAINT <input type="checkbox"/> CASELOAD MANAGEMENT		<input type="checkbox"/> ANNOUNCED <input checked="" type="checkbox"/> UNANNOUNCED	

A. SITE VISIT - SEE LIC 860 of _____ (DATE) _____	B. SITE VISIT (No LIC 860)	C. CIVIL PENALTY	D. OFFICE VISIT
<input type="checkbox"/> Referenced Number below corresponds to number of deficiency "Not Met" on LIC 860.	<input type="checkbox"/> DEFICIENCIES CITED	<input type="checkbox"/> PENALTY NOTICE	<input type="checkbox"/> INFORMAL CONFERENCE
<input type="checkbox"/> Deficiencies cited below observed but not listed on LIC 860.	<input checked="" type="checkbox"/> NO DEFICIENCIES CITED	<input type="checkbox"/> PENALTY ASSESSMENT (PA)	<input type="checkbox"/> VISIT BY FACILITY REPRESENTATIVE
<input type="checkbox"/> Deficiencies cleared.	<input type="checkbox"/> DEFICIENCIES CLEARED	<input type="checkbox"/> DEFICIENCIES/PA CLEARED	<input type="checkbox"/> OTHER VISIT

## COMMENTS/DEFICIENCIES

## RECOMMENDATIONS/CORRECTIONS

Unannounced complaint visit to investigate the following allegations:

- (1) No qualified director on site at center after 3:00 PM.
- (2) After 3:00 PM "chaos reigns" infants not fed nor diapers changed, and parents not informed of minor injuries sustained by infants.
- (3) Center has problem with ants in the kitchen, as well as inside the refrigerator.
- (4) Toys at the center appear to be dirty not cleaned by the staff routinely, and unsuitable for infant.

During visit, CPT Eng met with Executive Director Lisa Griffey of the First Step Discovery Center which includes an infant care center and a child care center. Complaint allegations presented to Executive Director Griffey who stated that these appear to be similar concerns brought to her attention by a parent. Evaluator (CPT Eng) informed her that a anonymous complaint was received by the licensing office within the past ten day period, hence the complaint visit.

Accompanied by CPT Eng, Director Griffey directed tour of areas of the infant care center. Kitchen area and refrigerator were both reviewed and no crawling ants were observed. Mrs. Griffey stated that there was an ant problem, but facility has the problem under control and also has an every other month pest control spray schedule.

Regarding allegation of parents not being informed of infants diaper changes, feedings

LICENSING EVALUATOR SIGNATURE <u>Andrew Eng</u>	TELEPHONE <u>464-4052</u>	DATE <u>9/30/87</u>	I understand my licensing appeal rights.
NAME OF SUPERVISOR <u>Juan Matta</u>	TELEPHONE <u>"</u>	FACILITY REPRESENTATIVE SIGNATURE <u>Lisa Griffey</u>	DATE <u>9/30/87</u>

## LICENSING REPORT

DISTRIBUTION:  
Original: Licensing Agency  
Duplicate: Facility  
Triplicate: Review

REFER TO

Refer to P.1

See other side for explanation of form.

FACILITY NAME <i>First Steps</i>		FACILITY NUMBER <i>040209050</i>		FACILITY TYPE <i>I.C.C.</i>	
ADDRESS		CAPACITY <i>32</i>	CENSUS <i>20</i>	DATE <i>9/30/87</i>	
TYPE OF VISIT	<input type="checkbox"/> PRELICENSING <input type="checkbox"/> RENEWAL	<input type="checkbox"/> EVALUATION <input checked="" type="checkbox"/> COMPLAINT	<input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> CASELOAD MANAGEMENT	<input type="checkbox"/> ANNOUNCED <input checked="" type="checkbox"/> UNANNOUNCED	TIME VISIT BEGAN <i>5:08 PM</i>

- A. SITE VISIT - SEE LIC 860 of \_\_\_\_\_ of \_\_\_\_\_ (DATE)
- ☐ Referenced Number below corresponds to number of deficiency "Not Met" on LIC 860.
- ☐ Deficiencies cited below observed but not listed on LIC 860.
- ☐ Deficiencies cleared.
- B. SITE VISIT (No LIC 860)
- ☐ DEFICIENCIES CITED
- ☒ NO DEFICIENCIES CITED
- ☐ DEFICIENCIES CLEARED
- C. CIVIL PENALTY
- ☐ PENALTY NOTICE
- ☐ PENALTY ASSESSMENT (PA)
- ☐ DEFICIENCIES/PA CLEARED
- D. OFFICE VISIT
- ☐ INFORMAL CONFERENCE
- ☐ VISIT BY FACILITY REPRESENTATIVE
- ☐ OTHER VISIT

## COMMENTS/DEFICIENCIES

## RECOMMENDATIONS/CORRECTIONS

schedule and/or injuries be it minor or major. Mrs. Griffee provided sample child's daily record to reviewer and also provide sheets on diapering times with "Wet" and BM - Bowel Movement notation indicated and a injury report which parents are required to sign acknowledging notification of any incidents.

UPA Eng inspected toys and found them to be age appropriate and in compliance with health and safety requirements. UPA Eng scheduled unannounced complaint visit after 3:00 PM at approximately 3:50 PM. The facility was appropriately staffed and acting substitute Infant Care Director also designated Assistant Director Charlotte Foley was on site as well as Executive Director Griffee.

No chaotic situation was observed. Staff were feeding some of the infants, some were crawling around and staff was checking diapers. Other infants were being supervised in an adjacent dark, quiet nap room.

## Findings:

Allegations regarding center has been substantiated and corrected. Allegations regarding staffing, toys, chaos, and parent(s) not being informed of injuries as well as, infants not being held and/or diapered after three o'clock (3:00 PM) are unsubstantiated.

UPA reviewed new infant regulations with Executive Director and a copy will be sent regarding new Infant Care regulations.

LICENSING EVALUATOR SIGNATURE <i>Charlotte Eng</i>	TELEPHONE <i>64-4052</i>	DATE <i>9/30/87</i>	I understand my licensing appeal rights.
NAME OF SUPERVISOR <i>John Mattha</i>	TELEPHONE <i>"</i>	FACILITY REPRESENTATIVE SIGNATURE <i>Joan Luffey</i>	DATE <i>9/30/87</i>

TO:

Roseann Beeman

SUBJECT:

First Steps Discovery  
First Steps Learning Ctr

DATE

3-10-87

M

E

S

S

A

G

E

Please find attached sketch you send on both  
facilities. Please send sketch as described  
in the print out attached - we need sketch of  
outdoor area including gates, fences, play equipment  
etc. on each facility.

RETURN TO

SIGNED

Therese Dyke

ADDRESS

PHONE

469-4052

R

E

P

L

Y

SIGNED

ADDRESS

DATE

SEND PARTS 1 AND 3 INTACT — PART 3 WILL BE RETURNED WITH REPLY



This form is intended to document contacts concerning the facility identified below. Such contacts may include notification of corrections by the facility. Limit information to public information. File on the top right side of the facility folder. Enter t/c (*telephone call*) or o/v (*other visit*) and the contact date in the first column. Under Summary of Contacts enter relevant information including action taken and follow up. Enter initial and last name after each entry.

[illegible]

## LICENSING REPORT

DISTRIBUTION:  
Original: Licensing Agency  
Duplicate: Facility  
Triplicate: Review

REFER TO:

5850 Sherman  
Suite:  
Emeryville

See other side for explanation of form.

FACILITY NAME <b>First Steps Discovery Center</b>		FACILITY NUMBER		FACILITY TYPE <b>ICC</b>	
ADDRESS <b>1000 Upper Happy Valley Rd. Lafayette</b>		CAPACITY <b>32</b>	CENSUS <b>32</b>	DATE <b>12/16/86</b>	
TYPE OF VISIT	<input type="checkbox"/> PRELICENSING	<input type="checkbox"/> EVALUATION	<input type="checkbox"/> FOLLOW-UP	<input type="checkbox"/> ANNOUNCED	TIME VISIT BEGAN <b>9:00</b>
	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> COMPLAINT	<input type="checkbox"/> CASELOAD MANAGEMENT	<input type="checkbox"/> UNANNOUNCED	TIME COMPLETED <b>10:30</b>

A. SITE VISIT - SEE LIC 860 of _____ of _____ (DATE)		B. SITE VISIT (No LIC 860)		C. CIVIL PENALTY		D. OFFICE VISIT	
<input type="checkbox"/> Referenced Number below corresponds to number of deficiency "Not Met" on LIC 860. <input type="checkbox"/> Deficiencies cited below observed but not listed on LIC 860. <input type="checkbox"/> Deficiencies cleared.		<input checked="" type="checkbox"/> DEFICIENCIES CITED <input type="checkbox"/> NO DEFICIENCIES CITED <input type="checkbox"/> DEFICIENCIES CLEARED		<input type="checkbox"/> PENALTY NOTICE <input type="checkbox"/> PENALTY ASSESSMENT (PA) <input type="checkbox"/> DEFICIENCIES/PA CLEARED		<input type="checkbox"/> INFORMAL CONFERENCE <input type="checkbox"/> VISIT BY FACILITY REPRESENTATIVE <input type="checkbox"/> OTHER VISIT	

## COMMENTS/DEFICIENCIES

## RECOMMENDATIONS/CORRECTIONS

I met with Rose Ann Beeman, Director for purpose of completing prelicensing study. INFANT ROOMS WERE MEASURED AS WELL AS YARD. FACILITY HAS 9 SINKS AND 2 TOILETS. Toilet ratio does not meet regulation ratio of 1-15. MRS. BEEMAN HAS REQUESTED A WAIVER ON THIS, ALLOWING HER TO USE OTHER TOILETS IN THE PHYSICAL PLANT IF NECESSARY.

LICENSING EVALUATOR SIGNATURE

*Hermunia Stayer*  
NAME OF SUPERVISOR

TELEPHONE

*415 969 9052*  
TELEPHONE

DATE

*12/16/86*  
DATE

I understand my licensing appeal rights.

FACILITY REPRESENTATIVE SIGNATURE

*Rose Ann Beeman*  
FACILITY REPRESENTATIVE SIGNATURE

DATE

*12-15-86*  
DATE

## LICENSING REPORT

DISTRIBUTION:  
Original: Licensing Agency  
Duplicate: Facility  
Triplicate: Review

REFER TO: 5850 Shellmound, Suite 3  
Emeryville, CA

See other side for explanation of form.

FACILITY NAME <i>First Steps Discovery Center</i>		FACILITY NUMBER <i>070201042</i>	FACILITY TYPE <i>ICC</i>
ADDRESS <i>1000 Upper Happy Valley Rd. Lafayette</i>		CAPACITY <i>32</i>	CENSUS <i>19</i>
DATE <i>10/20/86</i>		TIME VISIT BEGAN <i>9:00</i>	
TIME VISIT COMPLETED <i>9:45</i>			
TYPE OF VISIT <input type="checkbox"/> PRELICENSING <input type="checkbox"/> EVALUATION <input checked="" type="checkbox"/> FOLLOW-UP <input type="checkbox"/> RENEWAL <input type="checkbox"/> COMPLAINT <input type="checkbox"/> CASELOAD MANAGEMENT		<input type="checkbox"/> ANNOUNCED <input checked="" type="checkbox"/> UNANNOUNCED	

A. SITE VISIT - SEE LIC 860 of _____ of _____ (DATE)		B. SITE VISIT (No LIC 860)		C. CIVIL PENALTY		D. OFFICE VISIT	
<input type="checkbox"/> Referenced Number below corresponds to number of deficiency "Not Met" on LIC 860.		<input type="checkbox"/> DEFICIENCIES CITED		<input type="checkbox"/> PENALTY NOTICE		<input type="checkbox"/> INFORMAL CONFERENCE	
<input type="checkbox"/> Deficiencies cited below observed but not listed on LIC 860.		<input type="checkbox"/> NO DEFICIENCIES CITED		<input type="checkbox"/> PENALTY ASSESSMENT (PA)		<input type="checkbox"/> VISIT BY FACILITY REPRESENTATIVE	
<input type="checkbox"/> Deficiencies cleared.		<input type="checkbox"/> DEFICIENCIES CLEARED		<input type="checkbox"/> DEFICIENCIES/PA CLEARED		<input type="checkbox"/> OTHER VISIT	

## COMMENTS/DEFICIENCIES

## RECOMMENDATIONS/CORRECTIONS

I made an unannounced visit to follow up on plan of correction of Lic 809 of 10/21/86. Present was Rose Ann Beeman, Administrator.

Window has been installed in INFANT room, so infants can be observed by staff from the playroom. Deficiency #3 has been cleared.

Deficiencies #1 and 2 already cleared. Material was submitted to our office in October.

LICENSING EVALUATOR SIGNATURE <i>Heimann</i>	TELEPHONE <i>715 969 9052</i>	DATE <i>11/20/86</i>	I understand my licensing appeal rights.
NAME OF SUPERVISOR <i>Ellen Martin</i>	TELEPHONE ( )	FACILITY REPRESENTATIVE SIGNATURE <i>Rose Ann Beeman</i>	DATE <i>11-20-86</i>



## LICENSING REPORT

DISTRIBUTION:  
Original: Licensing Agency  
Duplicate: Facility  
Triplicate: Review

REFER TO: 5850 - Shellmound, St  
Emeryville 3K

See other side for explanation of form.

FACILITY NAME <u>First Steps Discovery Ctr (Infant)</u>		FACILITY NUMBER <u>070207010</u>		FACILITY TYPE <u>ICC</u>	
ADDRESS <u>1000 - Upper Happy Valley Rd, Lafayette</u>		CAPACITY <u>32</u>	CENSUS	DATE <u>10/21/86</u>	
TYPE OF VISIT	<input type="checkbox"/> PRELICENSING <input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> EVALUATION <input type="checkbox"/> COMPLAINT	<input checked="" type="checkbox"/> FOLLOW-UP <input type="checkbox"/> CASELOAD MANAGEMENT	<input type="checkbox"/> ANNOUNCED <input checked="" type="checkbox"/> UNANNOUNCED	TIME VISIT BEGAN <u>3:30 PM</u> TIME COMPLETED <u>5:40</u>

- A. SITE VISIT - SEE LIC 860 \_\_\_\_\_ of \_\_\_\_\_ (DATE)  
☐ Referenced Number below corresponds to number of deficiency "Not Met" on LIC 860.  
☐ Deficiencies cited below observed but not listed on LIC 860.  
☐ Deficiencies cleared.
- B. SITE VISIT (No LIC 860)  
☐ DEFICIENCIES CITED  
☐ NO DEFICIENCIES CITED  
☐ DEFICIENCIES CLEARED
- C. CIVIL PENALTY  
☐ PENALTY NOTICE  
☐ PENALTY ASSESSMENT (PA)  
☐ DEFICIENCIES/PA CLEARED
- D. OFFICE VISIT  
☐ INFORMAL CONFERENCE  
☐ VISIT BY FACILITY REPRESENTATIVE  
☐ OTHER VISIT

## COMMENTS/DEFICIENCIES

## RECOMMENDATIONS/CORRECTIONS

Site visit completed this date. To follow-up on deficiencies cited 9/16/86. Contact was made with Joe Sullivan, part owner of facility. Discussed need for observation window with Mr. Sullivan. He indicated IFK University is facility's landlord, however property is actually owned by the Lafayette School District. Facility has requested permission from landlord to install window in the partition wall of the infant napping room. Advised Mr. Sullivan until this is done, there must be a staff assigned to supervise & observe the napping infants. Also discussed this with Kim Daniels infant director.

Deficiencies cited 9/16/86 have been corrected as follows:

#1 See 10146.3 Staff-child ratio #1 1 staff to 4 infants - all infants supervised at all times

#2 See 101438.2 a Outdoor Activity #2 Yard cleaned of junk. Ms. Daniels states this is done each morning.

#3 See 101217 a Personnel Record #3 Verification of 3rd admin. course on file. Copy given to agency.

LICENSING EVALUATOR SIGNATURE <u>[Signature]</u>	TELEPHONE <u>415 464-4052</u>	DATE <u>10/21/86</u>	FACILITY REPRESENTATIVE SIGNATURE <u>[Signature]</u>	DATE
NAME OF SUPERVISOR <u>ELEN MARTIN</u>	TELEPHONE <u>"</u>			

## LICENSING REPORT

DISTRIBUTION:  
Original: Licensing Agency  
Duplicate: Facility  
Triplicate: Review

REFER TO:

See other side for explanation of form.

FACILITY NAME <i>First Steps Discovery Ctr</i>		FACILITY NUMBER <i>070267042</i>		FACILITY TYPE <i>ICC</i>	
ADDRESS		CAPACITY	CENSUS	DATE <i>10/21/86</i>	TIME VISIT BEGAN <i>3:30</i>
TYPE OF VISIT				TIME COMPLETED	
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> RENEWAL		<input type="checkbox"/> EVALUATION <input type="checkbox"/> COMPLAINT		<input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> CASELOAD MANAGEMENT	
		<input type="checkbox"/> ANNOUNCED <input type="checkbox"/> UNANNOUNCED			

A. SITE VISIT - SEE LIC 860 of _____ (DATE)		B. SITE VISIT (No LIC 860)		C. CIVIL PENALTY		D. OFFICE VISIT	
<input type="checkbox"/> Referenced Number below corresponds to number of deficiency "Not Met" on LIC 860. <input type="checkbox"/> Deficiencies cited below observed but not listed on LIC 860. <input type="checkbox"/> Deficiencies cleared.		<input type="checkbox"/> DEFICIENCIES CITED <input type="checkbox"/> NO DEFICIENCIES CITED <input type="checkbox"/> DEFICIENCIES CLEARED		<input type="checkbox"/> PENALTY NOTICE <input type="checkbox"/> PENALTY ASSESSMENT (PA) <input type="checkbox"/> DEFICIENCIES/PA CLEARED		<input type="checkbox"/> INFORMAL CONFERENCE <input type="checkbox"/> VISIT BY FACILITY REPRESENTATIVE <input type="checkbox"/> OTHER VISIT	

## COMMENTS/DEFICIENCIES

## RECOMMENDATIONS/CORRECTIONS

#4 Sec. 101217(b) Health Screening  
+ TB  
See Lic 859 of 9/16/86

#4 Physician's Report  
+ TB test verification  
on file for staff #6

#5 Sec. 101220 b Medical  
Assessment  
See Lic 857 of 9/16/86

#5 Information for  
Child 3, 5, 6 month  
on file.

#6 Sec. 101320 d Emergency  
Medical Treatment Consent

#6 Completed form on  
file for child #6

Following deficiencies noted:

#1 Sec. 10190 a Criminal Record  
Clearance  
No fingerprint clearances for  
K. Abundantberger or S. Sellegel.

#1 Completed fingerprint  
cards + Lic 198 will  
be obtained + submitted  
to licensing by 10/28/86  
or civil penalties of  
\$50/day to be assessed  
beginning 10/29/86.

#2 Sec 101212 Reporting Requirement  
Facility has changed from individual  
ownership to partnership.  
New application reflecting  
change not received.

#2 Complete Lic.  
200 + return to  
licensing by 10/28/86  
or civil penalty of  
\$5/day to be assessed  
beginning 10/29/86

Received 4 staff fingerprint cards, K. Orshanski, K. Huggard,  
A. Foley & R. Wille and 2 separate checks #2008 + #77 of \$35 ea.

LICENSING EVALUATOR SIGNATURE <i>E. Martin</i>	TELEPHONE <i>(415) 464-4052</i>	DATE <i>10/21/86</i>	FACILITY REPRESENTATIVE SIGNATURE <i>Harold Selman</i>	DATE
NAME OF SUPERVISOR <i>E. Martin</i>	TELEPHONE <i>( ) 11</i>	I understand my licensing appeal rights.		

## LICENSING REPORT

DISTRIBUTION:  
Original: Licensing Agency  
Duplicate: Facility  
Triplicate: Review

REFER TO:

See other side for explanation of form.

FACILITY NAME <i>First Steps Discovery Ctr</i>		FACILITY NUMBER <i>070267042</i>		FACILITY TYPE <i>ICC</i>
ADDRESS		CAPACITY	CENSUS	DATE <i>10/21/86</i>
TYPE OF VISIT	<input type="checkbox"/> PRELICENSING	<input type="checkbox"/> EVALUATION	<input type="checkbox"/> FOLLOW-UP	<input type="checkbox"/> ANNOUNCED
	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> COMPLAINT	<input type="checkbox"/> CASELOAD MANAGEMENT	<input type="checkbox"/> UNANNOUNCED
				TIME VISIT BEGAN
				TIME COMPLETED

A. SITE VISIT - SEE LIC 860 of _____ (DATE)		B. SITE VISIT (No LIC 860)		C. CIVIL PENALTY		D. OFFICE VISIT	
<input type="checkbox"/> Referenced Number below corresponds to number of deficiency "Not Met" on LIC 860.	<input type="checkbox"/> DEFICIENCIES CITED	<input type="checkbox"/> PENALTY NOTICE	<input type="checkbox"/> INFORMAL CONFERENCE	<input type="checkbox"/> DEFICIENCIES CITED	<input type="checkbox"/> PENALTY ASSESSMENT (PA)	<input type="checkbox"/> VISIT BY FACILITY REPRESENTATIVE	<input type="checkbox"/> VISIT BY FACILITY REPRESENTATIVE
<input type="checkbox"/> Deficiencies cited below observed but not listed on LIC 860.	<input type="checkbox"/> NO DEFICIENCIES CITED	<input type="checkbox"/> DEFICIENCIES/PA CLEARED	<input type="checkbox"/> OTHER VISIT	<input type="checkbox"/> DEFICIENCIES CLEARED			
<input type="checkbox"/> Deficiencies cleared.							

## COMMENTS/DEFICIENCIES

## RECOMMENDATIONS/CORRECTIONS

*Deficiencies omitted.*  
*#3 Sec. 101416.3 Staff Child*  
*No group of children shall be left w/out adult supervisor each child shall be with sight & sound of staff at all times. Infant napping room is not readily observable. See Lic 809 of 9/16/86*

*#3 Facility will install observation window in wall of infant nap room so that sleeping infants can be easily observed from adjacent classroom*

*Deficiency to be corrected by 11/20/86 or civil penalty of \$25/day to be assessed by 11/21/86*

LICENSING EVALUATOR SIGNATURE

NAME OF SUPERVISOR

TELEPHONE

TELEPHONE

DATE

FACILITY REPRESENTATIVE SIGNATURE

DATE

REFER TO:

FACILITY REVIEW SHEET  
CHILD CARE CENTERSDISTRIBUTION:  
Original: Licensing Agency  
Duplicate: Facility  
Triplicate: ReviewCOMMUNITY CARE LICENSING  
5850 SHELLMOUND, SUITE 316  
EMERYVILLE, CA 94608

See other side for further explanations.

I. FACILITY NAME <b>First Steps Learning Center</b>		FACILITY NUMBER: <b>070207042</b>		IS A LICENSING REPORT (LIC 809) COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE:	
II. ADDRESS (NUMBER, STREET, CITY (INFANT), STATE, ZIP CODE) <b>1000 Upper Happy Valley Rd Lafayette</b>				TIME VISIT BEGAN: <b>1:00</b> TIME COMPLETED: <b>3:15</b>	
TYPE OF VISIT: <input checked="" type="checkbox"/> RENEWAL <input type="checkbox"/> OTHER (SPECIFY)		STAFF SEEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO STAFF INTERVIEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO		CLIENT SEEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CLIENT INTERVIEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				CAPACITY: <b>32</b> CENSUS: <b>21</b>	

## III. GENERAL

	CHILD CARE CENTERS	MET	NOT MET	NOT RE-VIEWED
1. 80000(b), 80022, 80063(a)(1), 80078(a) - Licensee is accountable.		<input checked="" type="checkbox"/>		
2. 80010, 80024, 80028 - Facility operates within terms & limitations specified on license.		<input checked="" type="checkbox"/>		
3. 80005 - Facility has posted valid license.	81009	<input checked="" type="checkbox"/>		
4. 80019 - Criminal record clearance for licensee/director/staff as required.				<input checked="" type="checkbox"/>
5. 80020 - Appropriate fire clearance maintained.				<input checked="" type="checkbox"/>
6. 80023 - Facility has current disaster, mass casualty plan. Disaster instructions & drills meet req.		<input checked="" type="checkbox"/>		
7. 80061 - Death, injury, unusual events, incidents reported as req.		<input checked="" type="checkbox"/>		
8. 80061(c)(1)-(4) - Administration changes reported within 10 days.		<input checked="" type="checkbox"/>		
9. 80062(a)(1) - Financial resources sufficient to meet operating costs.				<input checked="" type="checkbox"/>
10. 80064(b) - Legal responsibility clearly defined, specified administrative auth.	81064(c)(1)	<input checked="" type="checkbox"/>		
11. 80064, 80065 - Director/staff meet qualifications, fulfill responsibilities.	81064, 81065.2- 81065.3	<input checked="" type="checkbox"/>		
12. 80064(b) - Responsible director/substitute on-site at all times.	81064(d)-(f)	<input checked="" type="checkbox"/>		
13. 80065(g)-(i), 80066 - Personnel records are complete, available for site review.			<input checked="" type="checkbox"/>	
14. Teachers not fully qualified are enrolled in E.C.E. courses as req.	81065.2(b)(1)	<input checked="" type="checkbox"/>		
15. 80065(k) - Sufficient staff to carry out clerical, housekeeping, maintenance functions.	81065.5(g)	<input checked="" type="checkbox"/>		
16. Teacher-staff ratio meet requirements at all times.	81065.5, 81065.7, 81065.8, 81079(c)		<input checked="" type="checkbox"/>	
17. 80068 - Admission/appraisal procedures followed.	81068-81068.1, 81069-81069.1	<input checked="" type="checkbox"/>		
18. 80062(a), 80068(b) - Financial plan, records and fee schedule available for review.	81068.1(a)(2)(B)	<input checked="" type="checkbox"/>		
19. 80069 - Physical exam and immunization satisfying req. for each child.	81069(a)-(c), 81069.1(a)-(g)	<input checked="" type="checkbox"/>		
20. 80070 - Complete records on each child maintained.	81070(b)(1)-(3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
21. 80074(a) - Children transported by appropriately licensed drivers.		<input checked="" type="checkbox"/>		
22. 80074(c) - Vehicles transporting children maintained in safe operating condition.		<input checked="" type="checkbox"/>		
23. 80072(a) - Personal rights ensured; constructive methods of discipline used, no corporal punishment.	81072.1(a)	<input checked="" type="checkbox"/>		
24. Adequate provisions for the protection of the health of all children.	81075, 81075.1-81075.3	<input checked="" type="checkbox"/>		
25. 80075 - First aid supplies maintained properly stored.	81075(e)(1)-(8)	<input checked="" type="checkbox"/>		
26. Appropriate arrangements for emergency medical care. Emergency consent form; parents notified.	81075(b)-(d)		<input checked="" type="checkbox"/>	
27. Daily inspection and sign in/sign out procedures meet requirements.	81075.1(a)-(c), 81078.1	<input checked="" type="checkbox"/>		
28. Arrangements for isolation & care of children who become ill; parents notified.	81075.2(a)-(b)	<input checked="" type="checkbox"/>		
29. Adequate sized & equipped kitchen. Not used for play, napping, passageway.	81076(f)(1)-(4)(g)(1)-(3)	<input checked="" type="checkbox"/>		
30. 80076(a) - Dietary needs of children met at meals and snacks.	81076(b)-(e)	<input checked="" type="checkbox"/>		
31. Teacher supervision including visual observation provided at all times.	81078(a)(1), 81079(c)		<input checked="" type="checkbox"/>	
32. Provision for naps or rest without distraction or disturbance, except half day programs.	81079(b), 81088.1	<input checked="" type="checkbox"/>		
33. Balanced daily activities/equipt. to meet children's needs.	81079(a)-(b), 81088(g)			
34. 80076, 80087, 80088 - Facility is clean, safe, sanitary, in good repair.	81087.4(d), 81088, 81088.1, 81088.3, 81088.4(d)	<input checked="" type="checkbox"/>		
35. Safe, adequate outdoor play space, properly surfaced & fenced.	81087.2		<input checked="" type="checkbox"/>	
36. Indoor play space meets minimum square footage per child.	81087.3(a)(1)-(3)			<input checked="" type="checkbox"/>
37. Facility physical features comply with safety requirements.	81087.2(c)-(h), 81087.3(b), 81087.4(d)	<input checked="" type="checkbox"/>		
38. 80087(e) - A suitable storage space for proper operation of facility.	81087.4(a)-(d), 81088.1(c)(2)	<input checked="" type="checkbox"/>		
39. 80088(a)(g) - Furniture and equipt. to meet needs of group.	81088(a)-(k), 81088.2(a)(1)-(2)	<input checked="" type="checkbox"/>		
40. Appropriate sleeping equipment is provided.	81088(f), 81088.1(a)-(c), 81079(b)(1)(2)	<input checked="" type="checkbox"/>		
41. 80088(e)(2)(3) - Sufficient toilet & handwashing facilities.	81088(b)-(c)	<input checked="" type="checkbox"/>		
42. Separate toilet and handwashing facilities for isolation, emergency, staff.	81088(c)(1)(2)	<input checked="" type="checkbox"/>		
43. Safe drinking water available in playrooms and on playground.	81088.2(a)(3)	<input checked="" type="checkbox"/>		

IV. NAME OF SUPERVISOR <b>Elen Martin</b>		TELEPHONE <b>(945) 464-9052</b>	DATE <b>9/12/86</b>	I understand my licensing appeal rights.	
LICENSING EVALUATOR SIGNATURE <b>Theresa S. Sayre</b>		TELEPHONE ( )	FACILITY REPRESENTATIVE SIGNATURE (AND TITLE IF NOT LICENSEE) <b>Jody Bore</b>		DATE <b>9-16-86</b>